

Elk Rapids Area Chamber of Commerce 305 US 31 North P.O. Box 854 Elk Rapids, MI 49629 Phone: 231-264-8202

Email: mary@elkrapidschamber.org Website: www.elkrapidschamber.org

2024 For Profit Vendor Application for Evening on River Street

Organization Name						
Contact Person						
Address						
Phone	Email Address					
The dates yo	ou are requ	esting to app	ear at Evening	on River Str	eet [please check]	
6/26	7/3	7/10	7/17	7/24	7/31	
		•	R \$375 for a 6-\		tment	
2:		\$150 extra for	a Patron Spon	isorship		
Only Elk Rapids Char	mber memb	ers are eligible	to participate a	t the above p	ricing.	
 Payment by check or 		•	•	•		
The Event Coordinate		•	•	•		
This application must			_	•		
 Allow at least 5 busin 	ness days for	review.				
 No refund due to inc 	lement weat	ther.				
■ The Elk Rapids Area (Chamber of (Commerce has	the right to acce	ept or deny an	y application for any reason.	
Vendor Signature	Date					
*******					********	
Name on Credit Card						
Billing Address						
Visa / Mastercard #						
Signature						
	SVC Code [3 digits on back]					

Office Use: Payment received _____ Check #____ Amount \$____ Confirmation sent____