

The Alliance of Yoruba Organizations and Clubs

P.O. Box 41395 Washington DC 20018

www.yorubaalliance.org

FOR VENDORS ONLY

Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip. Code: _____

Telephone: (Home) _____ (Work) _____

E-mail _____

License Number: _____

Declaration:

I _____ hereby declare that the above information is given in good faith and to the best of belief. I further declare that the Organization should use this information in its administration.

Applicant's Signature

Date

LIABILITY DISCLAIMER

I will not hold the YORUBA ALLIANCE or any of the sponsoring organizations or individuals associated with the festival responsible for theft, accidents or liability of any kind. I will adhere and follow the rules and regulations as stated on brochure.

Official Use Only:

Date Interviewed & Perused	Name	Post	Signature