

# 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