



Escondido Grape Day Festival
Vendor Payment Form

Business Name _____

Contact Name _____

Phone No. _____ Email _____

of 10x10 **Vendor** spaces purchased **w/no Electricity (\$100 per)** _____

of 10x10 **Vendor** spaces purchased **with Electricity (\$125 per)** _____

of 10x10 **Food Vendor** spaces purchased (**\$125 per**) _____

(Up to 2 spaces allowed)

Total enclosed \$ _____

Mail your payment to:

Escondido History Center, P.O. Box 263, Escondido, CA 92033

Make checks payable to the Escondido History Center

IF PAYING BY CREDIT CARD; PLEASE COMPLETE FOLLOWING:

Visa _____ MC _____

Credit Card # _____ CVC: _____ Exp. _____

Name on Card _____ Billing Address & Zip Code _____

**Telephone inquiries to Escondido History Center
office at 760 743-8207**