

VENDOR/PERFORMER INSURANCE & PAYMENT FORM

Contact Person: _____

Individual/Business Name: _____

Phone: _____ E-Mail: _____

INSURANCE FEES (all taxes included, select one)	
Vendor (No Food or Beverage)	\$19.44
Food & Beverage Vendor	\$32.40
Performer	\$38.88

I have my own insurance and will include with application: _____

Registration Fee as outlined on page 2: _____

Insurance Fee as outlined above: _____

Total Fee: _____

PAYMENT METHOD

Cash
 Cheque
 Visa
 Mastercard

Card #: ____/____/____/____ Expiry Date: ____/____ CW: ____

Credit Card Holder Signature _____

Return completed registration form and payment to: City Hall, (Attn: Viveca Gravel) 808 2nd Avenue East,
Owen Sound, ON N4K 2H4 or email to: riverdistrict@owensound.ca.

Make cheques payable to The City of Owen Sound.

Office use only			
Payment Processed:	Insurance Processed:	Complete Application	Billing Code: