Juneteenth Vendor/Exhibitor and/or Advertising in Souvenir Booklet Application

Vendor Rates

Large Food Vendor: $400 (Selling a variety of food items)

Small Food Vendor: $200 (Selling one type of food e.g. chicken or hot dogs)

Snack Food Vendor: $100 (Selling one item- e.g. ice cream or smoothies)

All food vendors must display county food certificate and prices of all items; and, submit certificate of liability insurance with UCAC named as co-insured to admin@ucaconline.org
The number of food vendors will be limited - apply early.

Retail Vendor large: $250 (greater than 12' x 12')

Retail Vendor Small: $150 (12' x 12')

Exhibit Vendor: $75 (no sales) (12' x 12')

Book vendors: $50 (12' x 12')

Non-profit vendor: $0 (Sales limited to memberships and items with non profit logo affixed; proof of IRS 501C3 status required - churches and government agencies included)

Levels of Advertising: (payment must be received prior to printing – send artwork to admin@ucaconline.org no later than May 21, 2027.)

Full Page: $400 (8" width x 10" height)

Half Page: $200 (8" width x 5" height or 4" width x 10" height)

Quarter Page: $100 (4" width x 5" height)

Business Card $50 (3.5" width x 2" height)

Mail your check payable to "UCAC" to PO Box 1457, Lexington Park MD 20653.
Send hi-res artwork to admin@ucaconline.org no later than May 21, 2027.

Vendor & Advertiser Application Form

Company name: _____

Contact Name: _____ **Mobile Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Company Website: _____

Company Description: _____

List Items to be sold: _____

_____

Vendor Level: _____ **Advertising Size:** _____

Site Requirements - Size: _____ **Electricity:** _____ **Other:** _____

Mail your check payable to "UCAC" to PO Box 1457, Lexington Park MD 20653.
If required, send proof of insurance, proof of 501C3 nonprofit status, hi res logo, and/or hi res artwork to admin@ucaconline.org no later than May 21, 2027.

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

$_____ Payment Received Date_____ Type_____

☐ Received proof of insurance

☐ Received artwork and logo

☐ Received 501C3 letter of determination ☐ Letter on file