



**Alpha Kappa Alpha Sorority, Incorporated**

*Sigma Omega Omega Chapter*

Douglasville, Georgia

**2017 Backpack Blitz Vendor Form**

Name of organization or business:

Contact person name:

Participant names (up to 2):

Phone Number:

Email address:

Website:

Mailing address:

City/State/Zip:

Nature of your business:

Do you provide a Family/Children type service? YES  NO

Please send your completed forms via US mail to the PO Box listed below or email your completed form [programs@sigmaomegaomega.com](mailto:programs@sigmaomegaomega.com). Two payment options are listed below:

1. Via PayPal - Please indicate payment is for "Backpack Blitz Vendor Fee"

[treasurer@sigmaomegaomega.com](mailto:treasurer@sigmaomegaomega.com)

2. Via Check - All checks should be made payable to "Sigma Omega Omega Chapter". Mailed to PO Box 2307 Douglasville, GA 30133

There is no fee for community, or not for profit organizations. Vendor form must be submitted by deadline

All for-profit participants should send a \$25 vendor fee payment "per table" to the P.O. Box listed below *OR* pay via PayPal to [treasurer@sigmaomegaomega.com](mailto:treasurer@sigmaomegaomega.com) indicating "Backpack Blitz Vendor Fee". If paying with a Credit Card, please add a 3% processing fee.

**All Payments & forms are due on or before July 15, 2017**

***"Please submit your intent to participate and payments, as space is limited"***

**Sigma Omega Omega Chapter of Alpha Kappa Alpha Sorority, Inc.**

**Box 2307 Douglasville, GA 30133**

**[www.sigmaomegaomega.com](http://www.sigmaomegaomega.com)**