2011 Discover Hartford Parks Tour
Saturday, October 22, 2011

Vendor Registration Please print clearly:

Last/First Name: _____

Mailing Address: _____

Town/State/Zip: _____

Business Name: _____

Your email address: _____

Best phone: _____Day of Event phone: _____

Are you a Licensed Hartford Food vendor? Yes No

Product or Service Description

_____

_____

_____

_____

Will you be retailing? Yes No

Describe any FREE product, service, or promotional offerings to event participants:

_____

_____

_____

_____

Fee **WAIVED for Bike Walk CT Business Class Members**

Already a Member?	$0____
Annual Membership	$75 ____
Non-Member Vendor	$100____
Contribution Amount (optional)	$_____
TOTAL AMOUNT ENCLOSED/AUTHORIZED	$_____

Whatever, wherever & whenever may be your customers' bike rides and strolls,
Bike Walk Connecticut is in every stroke and step.
Event proceeds benefit Bike Walk CT & The City of Hartford, Hartford Parks Trust Fund

Payment Method (X) cash____ check payable to "Bike Walk CT"____

MC/VISA____

Name on Card: _____

Card No. _____

Expiration Date: _____/_____ 3-digit security code: _____

Signature of Cardholder: _____

Print/Complete/Mail Registration Form to:
Bike Walk CT, ATTN: Hartford Tour, POB 270149, West Hartford, Ct 06127
Hand Delivery by appt. to 56 Arbor St., Suite 310A, Hartford 860-904-2420