



*Sisters Network of Central New Jersey, Inc.®*

Affiliate Chapter of Sisters Network® Inc.

*National African American Breast Cancer Survivorship Organization*

1201 Hamilton Street - Somerset, NJ 08873

Phone: 732-246-8300 Fax: 732-246-3535 Cell: 908-227-2396

Email: [sistercentral@SNCNJ.org](mailto:sistercentral@SNCNJ.org) website: [www.SNCNJ.org](http://www.SNCNJ.org)

*Our mission is to provide the best breast health information and resources available, educating and promoting awareness of the devastating impact of breast cancer in the African American community..*

**5K 2010 VENDOR APPLICATION FORM**

Sisters Network of Central NJ 6<sup>th</sup> Annual 5K Run / *WALK 4Life*

Held on Saturday, October 2, 2010 - from 8 a.m. to Noon

@ Franklin High School, 500 Elizabeth Ave (bet. Weston & New Brunswick Rds), Somerset, NJ

To reserve your VENDOR SPACE, please complete this application and submit with the required \$50 payment and your vendor space will be reserved for our 6<sup>th</sup> Annual 5K held on Saturday, October 2, 2010. **VENDOR SPACES ARE FIRST COME - FIRST SERVED.** Vendor setup begin at 7 a.m. on day of this event (10/2/10). Come early; bring TABLE & CHAIR for your vendor space.

For your convenience, you can pay \$50 fee ONLINE at [www.sncnj.org](http://www.sncnj.org), complete application with amount and date included, then email completed application to [itsmezb73@yahoo.com](mailto:itsmezb73@yahoo.com) (Zemora) or fax to **732-246-3535**. When payment is received, your space is guaranteed.

Or mail completed application with \$50 fee (check or MO payable to SNCNJ) to:  
SNCNJ - 5K Vendor, 1201 Hamilton Street, Somerset, NJ 08873

Cut here -----

PLEASE COMPLETE & RETURN THIS PORTION WITH YOUR \$50 PAYMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS NAME or MERCHANDISE TYPE: \_\_\_\_\_

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Complete Vendor Application and mail with your \$50 payment (check or money order) to:  
SNCNJ, 1201 Hamilton Street, Somerset, NJ 08873. 732-246-8300 Office 732-246-3535 Fax

**REGISTERING / PAID ONLINE at [www.sncnj.org](http://www.sncnj.org), please include following information:**

CARDHOLDER'S NAME: \_\_\_\_\_

AMOUNT PAID ONLINE: \$ \_\_\_\_\_ DATE PAID ONLINE: \_\_\_\_\_