 Northern Cal Ripken Baseball League 

 Kenawood Park

 612 Bryanwood Parkway Lexington Ky 40505

 P.O. Box 55491 Lexington Ky 40555

 Website: northerncalripkenbaseball.com

March 6, 2017,

It is time again for Northern Cal Ripken Baseball’s Spring Season, which means Opening Day Ceremonies are coming up fast! We are gearing up for an exciting opening day event and would like to invite you to set up a table at the park to sell your goods during our celebration. The date for this year’s Opening Day Ceremony is Saturday April 15th, 2017. The Ceremony will begin at 9:30am.

We hope that you can join us for this year’s Opening Day Ceremony by renting table space at our park for the festivities. Your company/business will receive recognition through our Facebook page, website and a flyer passed on to our players. The booth rental fee this year is just $25 and all proceeds you make from selling your products will belong to you.

If you would like to reserve a table, please complete the attached form and send it with your check or money order to Northern Cal Ripken, P.O. Box 55491 Lexington, KY 40555. Or, if you choose, a pick-up time can be arranged. All table reservations must be made no later than Monday April 3rd, 2017. If you have any questions, please do not hesitate to contact us.

Sincerely,

Amelia Dunn & Claira Reynolds

Amelia Dunn & Claira Reynolds

Northern Cal Ripken Baseball

Team Mom Coordinators

Amelia: 859.338.5475

ahampton@kybloodcenter.org

Claira:859.333.9090

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 **2016-2017 Opening Day Ceremony Vendors Contract**

 \*Please return this form with $25 fee to P.O. Box 55491 Lexington Ky 40555

 \*\*Please make checks and /or money orders out to Northern Cal Ripken Baseball or NCR

Name of Vendor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Only Northern Board Members Complete the Following: |
| Fee Paid By:  |
| Payment Method and Amount:   |
| Date Paid: |
| Board Member Signature: |