



One Unique Recovery House SAVE A LIFE DAY Table Reservation



date _____ / _____

Resource Information

Organization Name: _____

Type of Resource: _____

Vendor Information

Organization Type:

- Government or Community
- Private or Individual

Type of Products: (check all that apply)

- Crafts
- Candy
- Other: _____
- Food Items
- Recovery Items
- Clothing
- Jewellery

Contact Details

Contact Name: _____ Phone #: _____

Company Name: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Payment Info & Statements

Vendor Only Payment of \$30.00 (per 10x10) must be paid prior to September 1, 2025 to secure spot.

Payment method: Check Cash Paypal Person In Recovery

- I understand that, I am personally responsible for my own city vendor license (if needed)*
- I understand that, One Unique Recovery House is not responsible for injury, theft, or any other liability.*
- I understand while this is a public event, it is recovery centered, and all attendees should be treated with respect and dignity.*
- I understand, that One Unique Recovery House reserves the right to approve and/or deny any application for any reason.*

Signature _____

Please Email Application to ourhousewv@gmail.com