



Vendor Registration / 3rd Party Fundraiser

New Life Refuge Ministries
P.O. Box 9157 Corpus Christi, TX. 78469
(O) 361.946.6331
NewLifeRefuge.com

Name of Event: _____ Date of Event: _____

REGISTRATION: Vendor Forms must be submitted a minimum of one week before the event.

Subject to approval and availability.

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Description of Products/Services: _____

New Life Refuge Ministries a registered 501 (c)(3) non-profit.

For NLRM Use Only:

Registration Received By NLRM Representative: _____ Date: _____

Vendor Agreement signed/Received Date: _____

Vendor Approved by: _____ Notified: _____

Sponsorship of/Level: _____

Donation Received by: _____ Date: _____

Notes: _____