

# After School Vendor Application



**Program:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Brief description of your class:**

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**What days is your program available?**

Monday  Tuesday  Wednesday  Thursdays  Friday

**Can your class be completed in 1 hour?**  Yes  No

**Additional Comments:**

*\*\*Please review our vendor agreement for additional information before submitting this application. Submit your questions and application to [afterschool@scvcharterschool.org](mailto:afterschool@scvcharterschool.org)*

Thank you.