
Name/Business Name _____ Contact Responsible Party _____

Address _____ City, State Zip _____

Phone _____ Email Address _____

Description of Items selling, or Services provided

Please mark Dates you want to Set up. Payment at time when turn in vendor form

- Dec 4th ____ Dec 5th___ Dec 11th ____
- 
- Dec 12th____ Dec 18th _____ Dec 19th____

Nightly Rental Form $35 a night Must tear down after close of event.