EVENT VENDOR APPLICATION FORM

Thank you for your interest in participating as a vendor. Complete this application and submit all required information. Approval is subject to event requirements and space availability.

Vendor Information

Business Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Website/Social Media: _____

Business Details

Type of Products/Services: _____

Space Details

Booth Size: **8 x 8**

Price: **$25.00 payable by check to Friends in Fellowship Ladies group or VENMO @Lisa-Downs-10**

Electricity Needed? Yes / No (bring cords; outlet provided)

Check if a table needs to be provided for you. ____

Product Description

Please provide a brief description of the products or services you plan to offer:

_____

_____

Agreements

I certify that all information provided is accurate.

I agree to comply with all event rules, policies, and applicable regulations.

Signature

Applicant Signature: _____Date: _____