

Local Fair Vendor Registration

Date: _____

Vendor Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Booth Information

Type of Product/Service: _____

Booth Size Requested: _____

Special Requirements: _____

Agreement

By signing below, you agree to abide by the rules and regulations of the local fair.

Signature: _____

Date: _____

Thank you for your participation!