

WALCAMP FALL FESTIVAL 2017 CRAFT/BUSINESS FAIR APPLICATION

September 23rd, 2017 12pm-5pm

Walcamp-32653 Five Points Rd. Kingston, IL 60145 815-784-5141

Please fax or e-mail to siteops@walcamp.org fax-815-784-4085

COMPANY NAME: _____

CONTACT PERSON: _____

PHONE# (for prior to & day of event): _____

FAX# _____

MAILING ADDRESS _____

EMAIL: _____

PRODUCT DESCRIPTION: _____

PLEASE INITIAL THE FOLLOWING:

_____ I understand Vendor space for this *Rain or Shine* event will be filled on a first come first serve basis.

_____ I understand I am required to be set up by 11:45 & will participate until 5pm.

_____ I understand Vendor fees are non-refundable.

_____ I understand I am reserving a **10x10 space**, does not include a canopy, table, chair or electrical hook up at a cost is **Free**
or

_____ I understand I am reserving a **20x20 space**, does not include a canopy, table, chair or electrical hook up at a cost of **\$20 - Payment (check is included)**.

COMMENTS: _____

By signing below, I acknowledge the event specifics and will not hold Walcamp Fall Festival responsible for any damages or losses suffered by participants at this event.

Signature: _____

Date: _____