

**WALCAMP FALL FESTIVAL 2017 CRAFT/BUSINESS FAIR APPLICATION**

September 23<sup>rd</sup>, 2017 12pm-5pm

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

Please fax or e-mail to [siteops@walcamp.org](mailto: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: \_\_\_\_\_