



PRESENTED BY



Vendor Application

Please return by July 10th.

No applications will be accepted after August 10, 2009.

Business:	_____		
Contact:	_____		
Address:	_____		
	Street		
	_____	_____	_____
	City	State	Zip
Phone:	_____	Fax:	_____
E-Mail:	_____		
Specialty:	_____		
	Please summarize. (See back of form)		

I would like _____ 12' x 12' space(s) @ \$100.00 each \$ _____

I would like to be part of the group insurance plan @ \$45 \$ _____

TOTAL = \$

➔ **Do not include payment at this time. A contract will be sent if application is approved.**

Please give us some idea of the sales set-up you plan. (Tent description, just a table, etc.)

Signature: _____ Date: _____

Please return form to: Watkins Glen Promotions
 100 North Franklin Street
 Watkins Glen, NY 14891
 Phone: 607-535-3003
 E-Mail: Carole@watkinsglenchamber.com

