

Vendor Form

Organization: _				
Name of Entry:				
Contact Person	1:			
			Zip:	
Phone #:	Email:			
	Type o	of Vendor		
Food		Info	Information	
employee, or volu property damage	l agree that neither th inteer assume any re	sponsibility for an on with the parad	 st, NC, nor any agent, y personal injury or e. I agree to release and	
Signature Date _		e		
Print Name:				
Vend	or Setup at 8:30am	n. <mark>VENDOR ENTRY</mark>	FEE REQUIRED	
	4889 Vernon Road	<u>ly Hall</u> I Northwest, NC 284 rickland 910-655-31		
Vendor Fee Paid Date: Payment received by:				
	(Comm	ittee Member Name/S	ignature)	