2019 VENDOR REGISTRATION FORM

Name:				
Business Name:				
Mailing Address	:			
Email:		I	Phone:	
☐ Yes, I would la	ike to receive future en	nails about vendor oppor	tunities.	
Please check all box	es that apply and enter the	total due at the bottom:		
Autumn Shind	lig: Sunday, Octob	er 6th, 2019		
products sales al	llowed	ods — no food or drink. One icted to produce, flower naterials.		
Holiday Craft	Faire: December 7	th and 8th 2019		
local handcrafte ☐ Yes, I will help	ed products sales allowed p distribute publicity n	d other goods – no food on the café:	r drink sales. Only	
☐ No, please do Total Due:	NOT use images of my	work in publicity mater	ials.	
Make all check	ks out to: NCSCC , 17894	Tyler Foote Road, Nevada C	ity, CA 95959	
Please list all items you	will be selling, provide a brief d	escription and attach photos (use o	ther side if necessary):	