



An Art Affair
Registration

Vendor Registration

Name _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

Description of wares being sold _____

Outlet needed? Yes No **Table?** Yes No

Notes:

(First come first serve in terms of outlets and tables. You will be notified ASAP if we can't accommodate these needs)

Office Use

Paid Check # _____

10% donated

Committee Approval
of Wares

Tax letter sent

*Friday _____

Yes
No

Yes
No

*Saturday _____

Table #

