



Vendor/Sponsor Registration Form

Event Date: Saturday, 11/15/2025 10:00 AM - 2:00 PM

We're excited and thankful for your participation in our event!

Please complete this form and email back to emsioson@bellsouth.net as soon as possible with a copy of your business logo provided in an image format.

Date:	____/____/____ 2025
Business or Organization Name:	
Primary Contact Person:	Name: _____ Best Contact Number: _____ Email Address: _____
Business Address:	Street: _____ City: _____ State: _____ Zip Code: _____
Type Of Business:	(Put an "x" next to the type that best describes your business.) ____ For Profit ____ Non-Profit If non-profit, please indicate sub-type, i.e., school, church, etc.: _____
Equipment/ Resources	(Please indicate if you will need a booth provided or you will be providing your own. Please also indicate estimated number of people from your group.) Will you need a booth? _____ Number of people from your group? _____

Please describe the items that you will be showcasing, handing out, donating and/or services that you expect to provide at the event. Attach additional pages if required.
