

Saturday, October 25, 2025 12:00 – 8:00 pm ***May be a late night 'after dark' opportunity to stay open on Saturday Sunday, October 26, 2025 4:00-8:00pm

VENDOR COMMITMENT FORM

Organization Name:			
Contact Person:		Phone:	Email:
Address:			
City, State, Zip:			
Food/E	Beverage Truck/Vendors		
 1. 2. 3. 4. 	leave overnight are allowed Certificates of Insurance and BC August 8, 2025. These may be e to participate without complete address of The TileWorks on the Generator and extension cords (them. We ask that you donate 15% of weekend. This donation allows to Please dress and plan according	Health Dept Certs, must be mailed or mailed directly to d paperwork. Remember to COI: 130 E Swamp Road Do e.g. heavy duty, weatherproyour activity's gross revenue us to continue operating to sly for the weather.	oof) must be provided by you if you need to BC Cares at the conclusion of the
In cons	ave read the Pumpkinfest Vendo olying group/organization, to all t	r responsibilities and other	e) certify Requirements and agree, on behalf of se return this form no later than August
Signatu	ure and Date		

Ashley Crowell BC Cares Executive Director PO Box 731 Doylestown, PA 18901

Cell: 314-941-1193