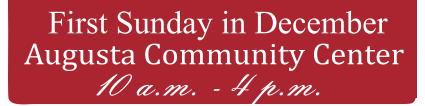


## Christmas Rendezvous Vendor Application



Date of Application: Contact Person:		
Business Name:		
Contact Phone Number:	– City: ——	
Address:	State:	Zip:
E-Mail Address:		
Description of merchandise or services you will be	C	
Do you need electricity: Yes No		
Do NOT send payment at this time. You will	be contacted ı	ıpon

Please mail Vendor Application to
Augusta Chamber
P.O. Box 471, Augusta, MT 59410
or email it to chamber@augustamontana.com

acceptance with payment details.

**Applications DUE by 11/4** 









