



SHAMBERGER REUNION VENDOR FORM – JULY 4-6, 2025

- All vendor fee payments can be sent via **check or electronic payment (Cash App)**.
- **Cash App** to \$Shamberger Reunion – include full name, number of people you are registering
- Email registration form to shamberger.reunion@gmail.com
- **Checks** –make payable to: **Shamberger Reunion include and registration form** - Teresa Shamberger Douglas; 204 Misty Waters Lane, Jamestown, NC 27282

Friday – Sunday, July 4-6, 2025

Vendor Fee | Full Weekend - \$40 (includes (1) 6ft or 8ft table and (2) chairs)

Setup – Friday, July 4 (4pm)

Hours: Friday – Saturday (6PM – 10PM) | Sunday – (9AM – 12Noon)

Location: Embassy Suites Hotel Ballroom

CONTACT INFORMATION: Please enter name and contact information. All who are assisting with the vendor station must register for the reunion. Please also include a copy of insurance information when returning this form.

Please select which Second Generation family member you are a descendant of:	Alex <input type="checkbox"/> Rufus <input type="checkbox"/> George Mason <input type="checkbox"/> John Wesley <input type="checkbox"/> Onslow <input type="checkbox"/> Wincie <input type="checkbox"/>
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NAME	Insurance (X) BOX	ADDRESS: CITY, STATE, ZIP	PHONE NUMBER	EMAIL ADDRESS
1.	<input type="checkbox"/>			
2.	<input type="checkbox"/>			
3.	<input type="checkbox"/>			
4.	<input type="checkbox"/>			
5.	<input type="checkbox"/>			
6.	<input type="checkbox"/>			

VENDOR NAME and INSURANCE CARRIER:

Business Name:

Describe business information:

PAYMENT INFORMATION:

Please identify method of payment	Check <input type="checkbox"/>	Cash App <input type="checkbox"/>	Total Amount Sent for Vendor fee	\$
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