

*For Office Use*

Date received: \_\_\_\_\_

**Walker Township Fall Festival  
Vendor Registration**

**Return completed application to:**

Walker Twp Fall Festival Committee  
C/O Patty Correll  
PO Box 112, Mingoville, PA 16856  
814-571-8718 (cell)

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

**Circle the type of vendor:** art/craft   food/drink   merchandise   information

Please describe what type of product you will be selling: \_\_\_\_\_  
\_\_\_\_\_

\*\*Vendor will be responsible for supplying their own tables, chairs, tent, materials and equipment for their booth.

\*\*Food vendors will need to supply their own cooking equipment and appliances.

**THERE IS NO FEE FOR SETTING UP A BOOTH AND PARTICIPATING AT THE FESTIVAL!!!**

\_\_\_\_\_ # of spaces needed

Any other special considerations, concerns, or requests for your booth? \_\_\_\_\_  
\_\_\_\_\_

. \_\_\_\_\_ I read the rules and regulations on page 2 and agree to all terms and conditions and release Walker Township and personnel from all manner of actions, suits, damage, or claims concerning my property or myself.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_