

Evant Chamber of Commerce
*** All Vendors must have a signed
Vendor Application on file annually ***

MARKET DAY

Vendor Application

VENDOR INFORMATION:

DATE: _____

Applicant Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Social Media Links: _____

Type: 10X10 Trailer/Oversize Booth #: _____ (see map)

Booth Preference

*10' x 10' Booth Spaces Assignment made by Chamber Representative.
Every effort will be made to satisfy booth assignment requests.*

Preferred Dates: (dates may vary but normally 3rd Saturday) Check all that apply:

SPRING		
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June

FALL		
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> December

Category (select one):

Food Retail Produce Crafts Furniture Home Decor

Description of Goods to be Sold:

Please complete this Vendor Application and send via email to evantchamberinfo@gmail.com
OR bring to: Evant Chamber Market Days.

FOR CHAMBER USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

CHAMBER MEMBER?