



Linda Bellavance, President
 Judy Simpson, Vice President
 Carmie Potash, Treasurer
 Theresa Dunlop, Secretary

Board of Directors
 Tom LaPaglia Steve Culmo
 Gene Williams. Kent Bartlett
 Michael Kearney

VENDOR APPLICATION
JUNE 3, 2018 ** (RAIN DATE JUNE 10, 2018)

Group/Organization/Business Name _____
 Please Print

Contact Name _____
 Please Print

Street Address for mailings _____
 Please Print

City/State/Zip Code _____
 Please Print

Email _____
 Please Print

Phone # _____ Cell# _____

Return Vendor Yes _____ If YES- Location at 2017 Event _____: Main ST _____ BankStreet _____ First St _____ Columbus St _____ Don't know _____
 No _____

Description of what your booth will contain: _____

Please Note: All Vendors With Truck / Trailer Please Indicate: Length _____ ft. & Width _____ ft.

*Information must be included with application or booth will not be assigned.

Price Range of items - _____

Name _____ Signature _____

(* Indicates you have read and agree to all rules of the event)

Fee \$60.00 (selling goods) \$160.00 (selling food) After 5/1/2018 add \$25 to each price

**Make checks payable to: Seymour Founders' Day Association, Inc.
 **Mail to Seymour Founders' Day 7 Molsick Rd. Seymour, CT 06483

Booth Type _____

Booth Number _____ Booth _____ Location _____

Amount paid _____ Check # _____