



Application Form

Business: _____			Contact Name: _____		
Street: _____					
City: _____		State: _____		Zip: _____	
Phone: _____			Email: _____		
Space Size	with Power	w/o Power	<ul style="list-style-type: none"> • Facility is a Covered, Open-Air Structure • Vendors must supply their own Tables & Chairs • Setup time is 7:30am to 9:00am • No Tobacco - No Alcohol - No Pets 		
10 X 10	\$40 _____	\$35 _____			
10 X 5	\$25 _____	\$20 _____			
Make Checks Payable To: Camp Wesley					
Mail To: Camp Wesley - P.O. Box 1116 -					

The undersigned does hereby: 1) Release Camp Wesley Camp Meeting Association (A.K.A. Camp Wesley) , and Event Sponsors, their respective staffs, volunteers and agents from any and all liability arising out of said event. 2) Release all other participating business facilities and participant/vendors from any and all liability arising out of said event. I have read and accept the terms and conditions.

Signature: _____ Date: _____

Registration Info & Online Registration: www.campwesley.com

Camp Wesley, 3090 Deal Road, Mooresville, NC 28115