

First Friday Vendor Registration Fee

Name of Event: _____ Event Date: _____

Your Name: _____

Address: _____

Telephone (primary): _____ Cell: _____

Email Address: _____

Register me: ___ \$10.00

Make checks payable to: Downtown Hazleton Alliance for Progress

**Return completed form and payment to:
Downtown Hazleton Alliance for Progress
8 W. Broad Street, Suite M-1490 Hazleton,
PA 18201**

Questions: 570-455-1509 x 109 or ygonzalez@downtownhazleton.org