

# First Friday Vendor Registration Fee

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (primary): \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Register me: \_\_\_ \$30.00**

**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 [kschneider@downtownhazleton.org](mailto:kschneider@downtownhazleton.org)**