

## **Application Form**

Business:	Contact Name:
Street:	
City:	State: Zip:
Phone:	Email:
Space Size with Power w/o Power  10 X 10 \$40 \$35  10 X 5 \$25 \$20  Make Checks Payable To: Camp Wesley	<ul> <li>Vendors must supply their own Tables &amp; Chairs</li> <li>Setup time is 7:30am to 9:00am</li> </ul>
Mail To: Camp Wesley - P.O. Box 1116 -	

Registration Info & Online Registration: www.campwesley.com

\_\_\_\_\_ Date: \_\_\_

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: