

# 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  
kschneider@downtownhazleton.org**