

2010 VENDOR SPACE APPLICATION
First come, first served

Spaces are approximately 20X30

Space(s) desired_____

X \$25

TOTAL _____ Maximum two spaces per vendor

PLEASE PRINT CLEARLY

Vendor name:

Address:

Town:

Zip:

Phone #:

Email:

Mail check to:

**Kiwanis Club of Riegelsville
Fall Roll Out
P.O. Box 175
Riegelsville, PA 18077**

