



# Registration Form

## Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## Food Vendor (150.00 Donation) or Non-Food Vendor (50.00 Donation)

Company Name \_\_\_\_\_

Name of Person Present at the Event \_\_\_\_\_

Food Vendor: \_\_\_\_\_ Non-Food Vendor: \_\_\_\_\_

Vendor License: You will be responsible for obtaining a vendor license from the Rockingham County Health Department for the event, if you plan to be a Food Vendor. 336-342-8100 \_\_\_\_\_

**NAME:** \_\_\_\_\_

### Salon & Barber Shop Information:

**Number of Models:** \_\_\_\_\_

- You will be responsible for cleaning your area after the event is over or you will be leaving the event, ex: Disposal of trash (placed in the appropriate area).
- Once your vendor donation has been received, you will have exclusive priority to sell food, jewelry, etc. and is Non-Refundable. You will receive a tax deductible receipt.
- Registration fee must be in by Wednesday, May 8<sup>th</sup>.
- Please contact Katrina Harrison at 336-394-3942 for any specific needs that you may have to make you comfortable and successful during the event.