

VENDOR APPLICATION

SET UP WILL OPEN @ 8:30AM

NAME:
BUSINESS NAME:
ADDRESS:
PHONE NUMBER:
EMAIL OR WEBPAGE:
SESCRIPTION OF ITEMS YOU WILL BE SELLING:
HIMADED OF VENDOD CDACEC 10V10 @COE DED
NUMBER OF VENDOR SPACES 10X10: @\$25 PER
SPACE = TOTAL COST
TOTAL AMOUNT ENCLOSED:
LEASE MAKE ALL CHECKS PAYABLE TO CAMP EDER
WILL BE DONATING THE FOLLOWING TAX-DEDUCTIBLE
TEM TO THE BENEFIT AUCTION:
WOULD LIVE TO DOMATE & TO THE
WOULD LIKE TO DONATE \$ TO THE
FUNDRAISING EFFORTS OF CAMP EDER.
SIGNED: DATE:
MAIL ADDITION

MAIL APPLICATION TO: CAMP EDER 914 MOUNT HOPE RD FAIRFIELD, PA 17320