

QUILT WYOMING 20____
VENDOR APPLICATION FORM

Please fill out the following information and return with appropriate amount to
_____ by April 15, 20____

Business Name: _____

Contact Person: _____

Address: _____

Phones: _____

E-mail: _____

General information:

* Space size is 10 x 12. Fee is \$50.00.

* Do you want an additional space, if available (10x12), \$50? Yes _____ No _____

* Spaces include two 6 foot tables and two chairs.

* Do you have other needs or special requests? _____

Thank you for your support of the Wyoming State Quilt Guild!

Signature of Vendor: _____ Date: _____

Payment includes: \$ _____ (checks payable to WSQG)

Name

Address

_____, WY 82941

307- _____