Quilt Wyoming 20XX
[QW date]
[city], WY

VENDOR BOOTH APPLICATION

Vendor: _____ Contact Person: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Brief description of your product(s): _____

Fees:

Booth Space		$ 100.00
Additional spaces	_____ X $50	$_____
Meal Package	Wednesday Dinner $XX	$_____
	Thursday Breakfast, Lunch, Dinner $XX	$_____
	Friday Breakfast, Lunch, Dinner $XX	$_____
	Saturday Breakfast, Lunch, Dinner $XX	$_____
	Sunday Breakfast $XX	$_____
Total Due		$_____

Please make checks payable to **Quilt Wyoming 20XX**

Please mail form and payment to: Quilt Wyoming 20XX
[vendor coordinator name]
[address]
[city, st zip]

For Office Use Only:
Date Application Received: _____
Booth Number: _____