

HILLS GARLIC FESTIVAL VENDOR WAITLIST APPLICATION FORM

*Please provide us with your contact details. Fields marked with * are optional.*

Name: _____

Name of Business: _____

Email: _____ Phone: _____

Mailing Address: _____

Town: _____ Postal Code: _____

*Website Address: _____

*Facebook Page Address: _____

What do you sell? **(No Imports!)** _____

Check all that apply: Homegrown Homemade
 Certified Organic: certified by _____ certificate # _____
 Service (massage, face-painting, etc.) Non-profit information

Other information: _____

PLEASE DO NOT SEND ANY PAYMENT AT THIS TIME. Payment will be due if space can be assigned.

----- THIS SECTION FOR HILLS RECREATION SOCIETY USE -----

Date Booking Received: _____ Payment Encl: _____
Date Deposited: _____ Amount: _____
Receipt Issued: _____ Refund: _____ Chq # _____

Booth #
