

Holiday Craft Bazaar Vendor Registration Form

Saturday, November 16, 2013
11 a.m. to 5 p.m.
30 East Main Street

Company/Organization: _____

Address: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Contact Person: _____

Contact Email: _____

Contact Phone: _____ Area Code _____

Number of Chairs _____ Needs Electric _____

Drop-off, call in, fax, or email form to:

Briana Hood

PO Box 101

Chillicothe, OH 45601

seedsofhopeohio@gmail.com

Phone: 740-537-0358

Fax: 740-702-2727

Please register before November 1, 2013
*\$35 per table can be paid via check, cash or
online at www.seedsofhopeohio.com*

