

Alvinston Fair Vendor Registration

PLEASE SUBMIT YOUR FORM BY SEPTEMBER 9TH TO:

Email: info@alvinstonfair.com or by calling Marnie Cumming 519-318-7053.

Your site will be confirmed only when your payment is cleared and we have a valid insurance policy.

Business Name* _____

Full Name* _____

Street Address* _____

Address Line 2 _____ City: _____

Province: _____ Postal Code: _____

Email* _____ Phone* _____

Select Your Vendor Preference/Rate

INSIDE TABLE - \$60 OUTSIDE TABLE - \$275 SUNDAY VENDOR - \$30

Please state all articles/products to be displayed and sold:

Do you require hydro? Y / N

Please indicate your location preference:

Same as Last Year Different than Last Year I'm a New Vendor

If you indicated above you'd like to change, please describe where to and why:

A certificate of insurance indicating public liability in the amount of \$1 million must be presented to the fair office before consideration to accept license. (Please attached proof when you submit this form)

Insurance Company* _____

Policy Number* _____ Expiry Date _____

Street Address* _____

DISCLAIMER

I hereby understand and agree to comply with the rules and regulations relating to the commercial vendor agreement.

FOR OFFICIAL USE ONLY
