

Vendor Registration Form

2024 Airport Day Wings and Wheels

Name of Company: _____

*Type of Merchandise Sold _____

Primary Contact #1: _____

Phone #: _____

Email Address: _____

Contact Person #2: _____

Phone #: _____

Email Address: _____

*This is a family-oriented event. All merchandise sold must be "G rated" keeping in mind that children will be in attendance. No drugs or alcohol are allowed at the event. Any participant violating any of these guidelines may be asked to leave the event.

\$50 deposit is included ____ Deposit will be turned in before July 1, 2024 ____

City Use Only

\$50 Deposit Submitted Date _____ Staff Initials _____

City Business License Y__ N__ One Day Business License Y__ N__

Cash ____ Check ____ Check # ____