


# Vendor Registration Form

Name of Artist/Organization: _____

Address: _____

Phone Number: _____

Email: _____

Website: _____

Is the artist/vendor 18 years of age or older? (Circle one.) YES NO

Please describe the artist/vendor's abilities and disabilities, include any medical considerations, communication difficulties and special requirements/accommodations needed, if applicable.:

_____

_____

_____

Date of Application: _____

Description of Performance/Artistic Medium/Items to be Sold: _____

_____

_____

_____

_____

_____

Signature: _____

Signature of Witness: _____
(if given assistance with application)