



**"A DAY IN THE PARK"
 SATURDAY - AUGUST 12, 2017 9 AM - 4 PM
 VENDOR APPLICATION
 \$10 ENTRY FEE**



Contact Name _____

Business Name (if applicable) _____

Mailing Address _____

City / State / Zip _____

Phone Number _____

Mobile Phone _____

Email _____

Describe your product(s):

I understand I must provide my own table(s), chair(s) and canopy (recommended).

Signed _____ Date _____

Please return this form along with your payment:

Checks payable to: **"A DAY IN THE PARK"**

A DAY IN THE PARK
 C/o Hemingford Community Federal Credit Union
 PO Box 991
 Hemingford, NE 69348

For more information contact:

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