

Holiday Craft Market

Sunday, November 26th ~ 1-4 pm ~ Rain or Shine Located in the Parking Lot next to Skyline Bank

Application

Name:						
Business Name:						
Address:						
City:		S	State:		Zipcode:	
Phone:						
Email:						
Website (if applicable):						
Description of Items:						
Fee: \$20 p	er 10'x10'	# of Sp	baces Re	equested:		
		_				
Paid by:	Cash	Check	M	oney Order	Credit Card	
If paying by Credit Car		•		Credit Card	Number:	
the right or stop by the Town of Floyd Offices (138 Wilson St SE), or call (540) 745-2565. Please Exp:/ 3-Digit Security Code:						
make checks payable to the "Town of Floyd" Billing Zipcode:						
			•• ••			<u> </u>

Completed Vendor Applications can be mailed to or dropped off at 138 Wilson St SE, Floyd, VA 24091, or emailed to <u>smalltownholidays@gmail.com.</u>

Do not write in this space. Office use only.
Date Money Received: _____
Check #: _____
Amount Paid: _____