



VENDOR APPLICATION

Name: _____ Company _____

Mailing Address _____

City, _____ State _____ ZIP _____

Phone _____ Email _____

Merchandise description _____

Number of Vendor spaces required _____ x \$50
(Vendor spaces are 10'x10')

Total \$ _____

Make checks payable to Jacksonville Main Street
Mail form and registration fee to
Jacksonville Main Street Pumpkin Festival
 PO Box 152 • Jacksonville, IL 62651

I _____ (print Name), understand that I am choosing to participate in Jacksonville Main Street's Pumpkin Festival at my own risk and that neither Jacksonville Main Street, the City of Jacksonville nor Morgan County accepts liability or responsibility regarding merchandise, sales tax, or personal injury for this event. I acknowledge I have read the rules, comply with applicable regulations, and carry appropriate insurance coverage.

Signed: _____ Date: _____

QUESTIONS?

Contact events@jacksonvillemainstreet.com



CHECK OUT THIS EVENT ON FACEBOOK

WANT TO HELP? EMAIL MELISSA AT EVENTS@JACKSONVILLEMAINSTREET.COM