## PROMOTIONAL VENDOR Application 2024





Vendor Name:		
Contact Name:		
Email Address:		_
Mailing Address:		
City:	State:	Zip:
Daytime Phone:	Cell Phone:	
CHARGE. TO SELL PRODUCTS, PLEA  Vendor Space Required:  □ 10' x 10' - \$50 □ 10' x 20' - \$60  □ Electricity is available for an additiona  Please list all products to be distribute have any item removed that isn't listed items displayed are appropriate for all	E PRODUCTS. ITEMS DISTRIBUTED MASE FILL OUT MERCHANDISE VENDO  al. \$5 per site. Amps Needed:  ed. Use back of sheet if necessary. Orga al below. The event is family friendly so ages.	nizers reserve the right to please be sure that any
Total Fee Enclosed: \$  Waiver of Liability. In consideration of the against officials, sponsors, organizers, to or any volunteers associated with this eany photographs, videotapes, motion personal sections.	his entry, I waive any and all claims for m the City of Cornelia, the Cornelia Hospita event from liability. Further, I hereby gra sictures, recordings or other record of th and regulations of the Cornelia Big Red A	nyself and my heirs ality & Tourism Board Inc., nt full permission to use is event for any legitimate
Signature	Date	
Email notification of acceptance will be Mail application & payment to: Cornelia	e sent to above email address. a Office of Downtown Development, P.O	. Box 785, Cornelia, GA

30531 If you have any questions, please contact Noah Hamil at 706-778-8585 x 209 or at

nhamil@cornelia.city