

Charter Oak Vendor Booth Application

Vendor Sales Item:

VENDOR INFORMATION:

Vendor Name:		Business Name:	
Mailing Address: (Street address)			
City:		State:	Zip Code:
Phone: () -		Cell: () -	
FAX: () -		E-Mail Address:	

Standard 10 x 10 \$30

Large 10 x 20 \$50

Vendor Special Information:

League Use Only:

Cash	Check #	Please contact: Robert Avila 626-674-6203 Or: Through League Website For any information
Amount	Amount	
Received By:		
Date Received:		

Thank you for your support.