





## **VENDOR APPLICATION**

Vendor Name:					
Contact:		Phone Number:		Email:	
Business Address:					
Websit	te:				
Vendo	r Category:				
<ul> <li>□ Wellness and Beauty</li> <li>□ Agricultural Products</li> <li>□ Foods &amp; Baked Goods</li> <li>□ Crafts &amp; Collectables</li> <li>□ Woodworking</li> <li>□ Apparel</li> <li>□ Food &amp; Beverage Trucks</li> <li>□ Non-profits organizations and clubs</li> <li>□ Other</li> </ul>					
Product Description:					
Check box of desired date(s) & circle one corresponding location per date chosen:					
	October 5 <sup>th</sup> October 12 <sup>th</sup> October 19 <sup>th</sup> October 26 <sup>th</sup>	-	ŕ	Albemarle	Christiansburg, VA em Shallotte
By signing, you acknowledge to have read the rules & regulations, understand them & agree to abide by them.					
Signature:			Date:		
Please email the completed application to marketing@usaoutdoorproducts.com					