



WOLCOTT WINTER WONDERLAND FESTIVAL CRAFT FAIR

DECEMBER 7, 2019 9-3 EST
TRI-COUNTY INTERMEDIATE SCHOOL GYM
200 W NORTH ST, WOLCOTT, IN 47995
VENDOR APPLICATION

Name _____

Business Name _____

Phone _____

Email _____

Address _____

Description of items to be sold _____

• \$20 for a 10 x 10 space. Tables will not be provided.

• Mail Checks to: Wolcott Winter Wonderland, P.O. Box 197, Remington IN, 47977

Vendor Signature: I have read all show guidelines included with above application and agree to participate under its terms. Wolcott Main Street Committee is not responsible for any damages or losses that are incurred as a result of customers or other participants from a Wolcott Main Street Committee event. I also grant Wolcott Main Street Committee permission to use participant's name and photos submitted with this application for promotions.

Signature: _____ Date: _____

*Brought to you by Wolcott Main Street
If you have questions please email Sandy at
director@remingtonwolcott.org or call 219-964-7118*

