

19th Annual
PEDRICKTOWN DAY
Saturday, October 11, 2009
9:00 am to 5 pm

VENDOR/FOOD VENDOR APPLICATION
SPACE RESERVATION FORM

Name of Business _____

Address _____

Contact Person _____

Phone # _____ E-Mail _____

Type of Participation _____

Types of Merchandise/Food: (Please check all those that you wish to offer on Ped. Day)

- | | |
|--|---|
| <input type="checkbox"/> Hamburgers | <input type="checkbox"/> Water Ice |
| <input type="checkbox"/> Hot Dogs | <input type="checkbox"/> Ice Cream |
| <input type="checkbox"/> Roast Beef | <input type="checkbox"/> Funnel Cake |
| <input type="checkbox"/> Sausages | <input type="checkbox"/> Pop Corn |
| <input type="checkbox"/> Meatball Sandwiches | <input type="checkbox"/> Donuts |
| <input type="checkbox"/> French Fries | <input type="checkbox"/> Soft Pretzels |
| <input type="checkbox"/> Onion Rings | <input type="checkbox"/> Candy/Cotton Candy |
| <input type="checkbox"/> Other(s): _____ | |

Vendor/Food Vendor Space Fee: \$40.00 per space (non-refundable)

Please note: All food vendors must display their up-to-date Salem County Dept. of Health Certificate. All vendors must provide proof of insurance coverage to the "Pedricktown Day Committee." All Food Vendors/Vendors are asked to bring their own waste receptacles and are responsible for their own clean-up. *We also kindly request that you stay open till 5:00 p.m. to better serve our patrons.*

Please return this form at your earliest convenience (no later than Sept. 15th) if you are planning to participate, to the address listed below. If you have any questions, please call 351-1967 (Brad Holmes) or 299-2133 (Helen Keating).

PEDRICKTOWN DAY COMMITTEE
P O BOX 1
PEDRICKTOWN, NJ 08067