

Gatesville Chamber Market Days Vendor Application

*** All Vendors must have a signed Market Vendor Agreement on file annually ***

Applicant Name _____

Company Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

Email _____

10' x 10' Spaces _____ @ \$20/each = _____

10 Mar 14 Apr 12 May 9 Jun 14 Jul

11 Aug 8 Sep 13 Oct 10 Nov 8 Dec

Requested Booth Space # _____ (see Market Layout)

Description of Goods to be Sold

Please make checks payable to *Gatesville Chamber of Commerce* and mail or bring to:
Gatesville Chamber Market Days
2307 S. Highway 36
Gatesville, Texas 76528

FOR OFFICE USE ONLY

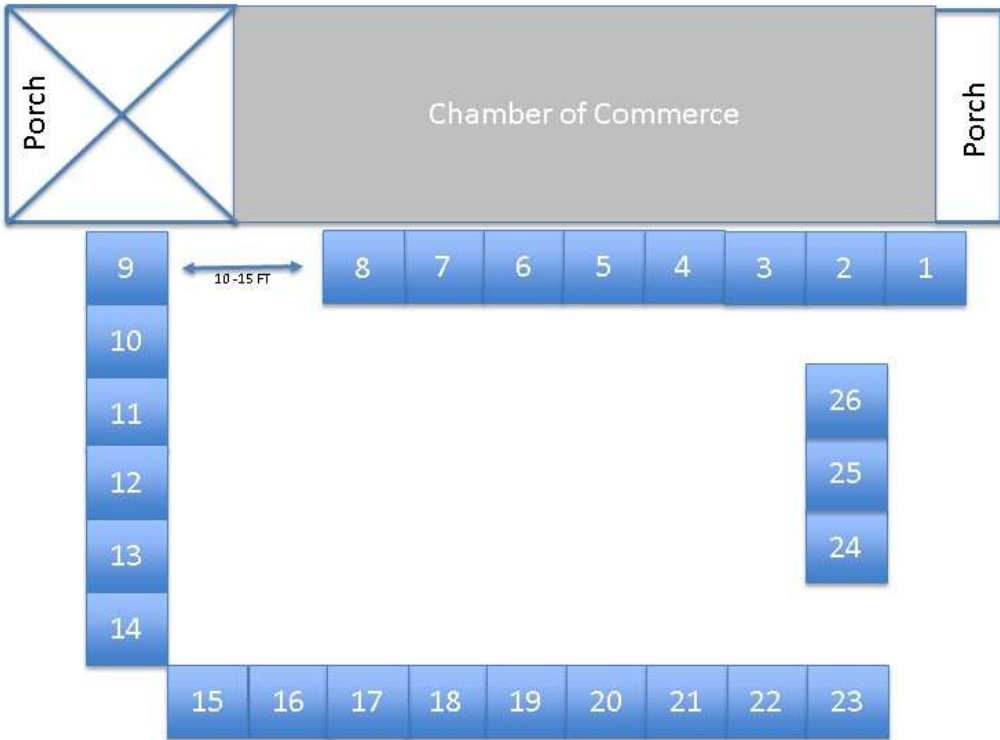
Date Application Received _____

Date Paid _____

Amount Paid _____

Received by _____

Chamber Member



This is not to scale. All booths will be marked.