

RIVERSIDE DAYS VENDOR APPLICATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Cell Phone/s: _____

Fax: _____

Size/Type of Booth: _____

What Do You Sell? _____

Have Special Needs? _____

Is Power Required: _____

Is Water Required? _____

FAX: 606-832-0090 | PHONE: 606-832-0090

E-MAIL: staff@riversidedays.com

MAIL: Jenkins Festival Committee, P.O. Box 83, Jenkins, KY 41537

www.riversidedays.com

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