



2019 Irish Fest Vendor Form

Please turn form in by March 8th

COMPANY/ ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____

PHONE _____ EMAIL _____

DESCRIPTION OF COMPANY OR CAUSE _____

DESCRIPTION OF ITEMS TO BE MARKETED, SERVICES ADVERTISED OR DEMONSTRATED: _____

SIGNATURE OF VENDOR _____ DATE _____

DISCLAIMER:

The City of Gaffney or affiliates will not be held responsible for any liability, lost, stolen or damaged property or any injury incurred during the 2019 Irish Fest Event.

For Office Use Only:

Date received: _____ Approved: _____ Declined: _____

Staff Signature: _____