



160TH ANNUAL EMANCIPATION DAY CELEBRATION, INC.
P.O. BOX 511
GALLIPOLIS, OH 45631
emancipationcelebration1863@gmail.com

VENDOR INFORMATION

Company Name _____
Address _____
City/State/Zip _____
Phone _____
Contact Name _____
E-mail _____

COMPANY INFORMATION

Organization Type: Sole Owner _____ Corporation _____ Non-Profit _____
Contact Information _____ Phone Number _____
Company's Web Site(s) _____
You will be set up as a: Food Vendor _____ Retail Vendor _____ Informational Booth _____

GENERAL INFORMATION

What size space do you require: 12'x12' space _____ 20'x16' space _____ Single Table _____
Other: (Explain) _____
Let us know what you will be selling/distributing and if there is anything we can do to assist you!

