



Not- For- Profit Vendor Application

Not- For- Profit Name: _____

Contact Information: _____

Address: _____

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

Phone: () _____ ***Fax: ()*** _____

E-mail: _____

Please specify your booth requirements: 110v ____ ***220v*** ____ ***water*** ____

Please list the items that you will be selling:

Booth Fee is Free for a 10x10 Space

***Please return this form by July 31,2013 to: Main Street Golconda, PO Box
482 Golconda, IL 62938.***

Any questions or additional information please call 618-683-6246.

***Should you choose to accept tickets in the place of cash, Tickets need to
be turned back in by 10:30pm for reimbursement. Reimbursement checks
will be sent out on the following Monday after the Festival.***