



2009 All American Fire Muster Vendor Registration Form



BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

BUSINESS PHONE _____ BUSINESS FAX _____

CONTACT PERSON _____ CONTACT PHONE _____

TYPE OF BUSINESS _____

OWNERSHIP { } CORPORATION { } INDIVIDUAL { } PARTNERSHIP

SIGNATURE _____ DATE _____

PRINT NAME _____

FEES

THERE WILL BE A NON REFUNDABLE \$25.00 VENDOR FEE.
EACH VENDOR WILL RECEIVE A 10' X 20' OUTDOOR VENDOR SPACE, (1) 6' RECTANGLE TABLE
AND 2 CHAIRS. THIS EVENT WILL BE HELD RAIN OR SHINE. THERE WILL BE NO REFUNDS FOR
WEATHER. PLEASE PLAN ACCORDINGLY.

North Charleston and American LaFrance Fire Museum
Attn: Max Sterling
4975 Centre Pointe Dr.
North Charleston, SC 29419
www.legacyofheroes.org

DEADLINE FOR ALL SUBMISSIONS: WEDNESDAY, AUGUST 19th