

**VENDOR'S REGISTRATION FORM**



**PLEASE PRINT**

**Vendor's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number (H)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Anticipated dates on site:**    \_\_\_\_ **Wed.**    \_\_\_\_ **Thurs.**    \_\_\_\_ **Fri.**    \_\_\_\_ **Sat.**

**Merchandise Category** \_\_\_\_\_

**(Check the schedule of activities to plan the best times for you to be available).**

**Amount of payment: \$100.00**

**Please make check payable to: Toledo Chapter of Charms, Inc., and send check and completed form to:**

**Toledo Chapter of Charms, Inc.,**

**4300 Waterbend Dr. E.**

**Maumee, OH 43537**

**Deadline: May 31,2018**