VENDOR REGISTRATION FORM

Complete this form if you wish to sell vehicles, car parts, or arts/crafts at the show. Vendor gate opens at 8 am Saturday and Sunday. Any questions regarding this form please call 813-956-3503 or email at Fieldofdreamscarshow@gmail.com.

Name		
Mailing Address		
City	State	Zip Code
Cell Phone ()		_ Email
	Pr	ior to Nov.1./ After Nov.1.
_	_	x15 - \$25.00. \$30.00
Artisan	_# of spaces - 15x	x15 - \$25.00. \$30.00
Vendor setup 9 am	Nov. 21st / break	down no later than 12 pm Nov.
2 4OVERNIGHT R	<u>V PARKING/CA</u>	MPING:
Available with	water and electric	: \$45 per night
Please make chec	ks/money orde	rs payable to:
Field of Dreams	Car Show Inc.:	'
c/o John Romany	ak	
PO Box 293, Tril	by, FL. 33593	