

## VENDOR REGISTRATION

**Event Registration** Fields marked with an \* are required

First Name \*

Last Name \*

Mailing Address \*

City/State \*

Zip Code \*

Email Address \*

Cell Phone \*

Event Date and Description \*

Describe Sales / Service \*

Return this event registration form to: Dana Britt; Forsyth Main Street; [dbritt@cityofforsyth.com](mailto:dbritt@cityofforsyth.com); (478) 994-7747