2016 Community Fair
SNI Department Awareness
& Vendor Day

Application

Thursday March 24,2016
CCC Gym 10am-3pm

Please Check One:

- ☐ SNI Department
- ☐ Craft Vendor
- ☐ Food Vendor
- ☐ Electric Needed (Limited Availability)

* This form will only reserve you one 8ft table and one chair **at no cost.** You must provide any other materials needed.

*Booth setup will begin at 8am and all booths must be torn down upon 4pm.

Name: _____

Department Representing: _____

Address: _____

Phone #: _____

Email: _____

Description of merchandise to be sold: _____

_____

*Please return completed form to : Holly John ***c/o*** Iroquois Smoke Shop
14411 Rt. 438 716-864-8565
Gowanda, NY 14070 Hollyajohn@aol.com

**By completing this form you are granting the SNI Education Department the right to decline the sale of any inappropriate item(s). Please initail:* _____

OFFICE USE ONLY

Recieved by: _____ Date: _____