

**LINDENHURST CHAMBER OF COMMERCE
PO BOX 323
LINDENHURST NY 11757-0323**

SPRINGFEST SUNDAY MAY 1, 2016

VENDOR APPLICATION

Please sign and return with full payment by April 1, 2016. You can also pay online at www.lindenhurstchamber.org by selecting the Springfest tab at the top of the page.

Vendor's Name: _____

Mailing address: _____ City _____

State _____ Zip Code _____

Contact Name: _____ Telephone No. _____

E-Mail Address: _____

(Please include Email so that we can contact you with any changes)

Type of items to be sold: _____

Signature of Vendor

Date

The Lindenhurst Chamber of Commerce Springfest Committee reserves the right to reject any application for any reason. No refunds, unless an application is rejected.

PLEASE REFER TO THE INFORMATION SHEET ON THE BACK OF YOUR LETTER FOR ALL INFORMATION, RESTRICTIONS AND REQUIREMENTS