



Buddy BWalk

Vendor Event Participation Registration Form

Thank you for your interest in participating in our annual Down Syndrome Buddy Walk. Please complete the information below in order to be placed on the vendor list and to be assured a space at our event.

Date of Event _____

Location of Event _____

Name of Organization _____

Website _____

Contact Name _____

Contact Number _____

Names Attending _____

Email Address _____

Type of Vendor FOOD/BEVERAGE CLOTHING CRAFTS OTHER

Accommodations

Vendor pricing for those who would like to setup/sell/promote their product is \$25. Your participation in this event includes a vendor space to set up your tent, one table, and 2 chairs (or more if needed), and room for hanging rack or display board, if needed.



Please send this form and a check payable to FRIENDS at PO BOX 5677, Johnson City, TN 37602. Contact us at admin@dsfriends.net.