



APPLE PIE JAMBOREE ARTS & CRAFT
VENDOR APPLICATION

Company Name: _____

Owner: _____

Mailing Address: _____

Phone #: _____

E-Mail: _____

Complete and return this form and return with your check and proof of insurance.

Make checks out to: Apple Pie Jamboree

Mail to: PO Box 554, Pateros, WA 98846

**** PLEASE READ AND SIGN****

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE

I hereby release the Apple Pie Jamboree Committee and the City of Pateros from any liability that might occur during this event.

SIGNED: _____

DATE: _____

If you have a contact of someone who might be interested in joining this event write their name and address below and we will send them an invitation:

Name of company: _____

Item they sell: _____

Address or contact information: _____