

TWIN CITY IDLERS
PO Box 906 * Stanwood, WA 98292
Fax No. 360-652-2073

Business/Organization _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Contact No. Work _____ Home _____ Cell _____

E-mail Address: _____

Please indicate merchandise type and required space - WE **DO NOT** PROVIDE WATER OR POWER.

_____ 10x20 space = \$25.00 _____ 20x20 space = \$40.00

YOU MUST PROVIDE PROOF OF INSURANCE naming the **CITY OF STANWOOD** and **TWIN CITY IDLERS** as the Certificate holder

Food Vendor must **also** submit a copy of your **FOOD HANDLERS PERMIT** and your **PERMIT TO OPERATE** or (your exemption from Permit) along with your proof of insurance.

Booth **MUST** be set up before 9:00am

Mail this form, proof of insurance and payment to:

Twin City Idlers
PO Box 906
Stanwood, WA 98292
or
Fax no. 360-652-2073

No later than June 1, 2010

If you have any questions please contact: Dennis or Sandy Kitchens at 360-629-9253

Signature _____

Date _____