

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.

_____, 10x10 space = \$35.00, _____, 20x10 space = \$50.00

YOU MUST PROVIDE PROOF OF INSURANCE naming the CITY OF STANWOOD **and** TWIN CITY IDLERS as Co-Insured

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 fax no. 360-652-2073

No later than June 1, 2011,

If you have any questions please contact: Les Anderson @ 360-629-2972
Tim or Joan Hann @ 360-722-5766

Signature _____ Date _____