

Circleville Pumpkin Show, Inc.

Vendor Space Application

Name of Business or Organization _____

Owner or Contact Person _____

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone # _____ Home: _____ Cell _____

Vendor License # _____

Space to be Used for: Promotion _____ Direct Sales _____
(check all that apply) Profit _____ Non-Profit _____

Complete List of Items to be Sold:

_____	_____
_____	_____
_____	_____
_____	_____

Space Desired:

12 x 12 Merchant Tent _____ 12 x 24 Merchant Tent _____
Trailer Space** _____ Other** _____

**Picture of trailer/other must be attached to this application. You must also include a diagram which shows dimensions, length, width, doors, hitches and awnings.

GOSA Member: Yes _____ No _____

Electric Required: 110 Box _____ 220 Box _____

Do NOT send premium payment with application. All premiums (fees) are collected on Thursday of Pumpkin Show by NOON.

Mail Application to: Circleville Pumpkin Show, Inc.
Attn: Dr. Hugh Dresbach, Secretary
159 East Franklin Street
Circleville, Ohio 43113