

Company Name: _____

Mailing address: _____

Contact Person: _____

Phone Number: _____

Email: _____

Brief description of goods for sale Saturday October 11:

Payment ☐ CASH ☐ CHECK ☐ CARD

Space is reserved upon receipt of payment. Please mail or hand deliver payment and this form to the post.

Business hours: Monday to Friday 12pm to 12am

Address: 1919 American Legion Drive, Huntsville TX 77320

Vendor Registration Contacts:

Venus Lee 936-438-9221

Roxanne Moss 936-435-5094