



FESTIVAL OF COLORS

W I L M I N G T O N

REGISTRATION FORM

NAME: _____

COMPANY NAME (if applicable): _____

MAILING ADDRESS: _____

TELEPHONE: _____ Cell # for day of event _____

E-MAIL: _____

TYPE OF DISPLAY: _____ Art (paintings/sketches) _____ Clothing
(Check all that apply) _____ Crafts / Décor _____ Jewelry
_____ Furniture _____ Pottery
_____ Photography _____ Produce
_____ Baked Goods
_____ Other (please specify) _____

_____ **Member of Whiteface Visitors Bureau (one free space)**

_____ **Non-Member \$40 standard booth 10 x 10**

_____ **Additional booth space \$20 extra**

_____ **Full Service Food Vendors - \$75**
(please submit a menu to help us ensure variety at the event)

*Make Checks out to:
Whiteface Visitors Bureau*

Whiteface Visitors Bureau
PO Box 277, Wilmington, NY 12997
(518) 946-2255 fax 946-2683
info@whitefaceregion.com