

**VALMY THRESHEREE
VENDOR REGISTRATION FORM**

Please print clearly:

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Seller's Permit #: 456-_____

Cell or Emergency # for Weekend: _____

Email: _____

Vehicle Make and Model _____ Plate #: _____

Describe Your Items / Work _____

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**Please return this form with payment (check or money order) to:
Sue Havel - Treasurer
1332 County DK
Brussels WI 54204**

Number of Spaces _____ x \$25 each space \$ _____

Additional Entrance Buttons _____ x \$10 each \$ _____

Camping Spots _____ x \$40 each \$ _____

TOTAL ENCLOSED \$ _____

The undersigned has read and agrees to abide by all Valmy Thresheree rules and guidelines. The undersigned assumes full responsibility for this entry and will not hold the Northeastern Wisconsin Antique Power Association / Valmy Thresheree, volunteers or its members responsible or liable in any way for personal injury, property loss, or damage. It is also understood until the Valmy Thresheree receives payment in full, a spot will not be held for any Valmy Thresheree vendor.

SIGNATURE: _____ DATE: _____