| Spoon River Valley Scenic Driv Name | | |
|---|---|---|
| Address | | |
| Email Address | | |
| Lewistown Fairgrounds o | | |
| ALL VENDORS MUST BE REGISTERE Preferably before June 1 so that we are able of Spoon River Valley Scenic Drive regis If you want to take out a separate ad in the Pro- | ED WITH THE SPOON F to advertise your location * H stration fees \$50.00 PER vend | RIVER VALLEY SCENIC DRIVE lours 9am-5pm Oct 5, 6, 12, 13, 2024 dor for all 4 days (12.50/day) /fill in/ send in the SRVSD registration |
| Fulton County Fairgrounds Fees | s for all 4 days (camping fees | are on a nightly basis) |
| Per 10x10 spot for vendors (Choose you | ur location desired email ASA | P to make sure of availability) |
| Outdoor location- | \$50 | 510 |
| You must provide your own tent, Illinois wed | ather is unpredictable | Shire |
| Under roofed barns with no sides | \$75 | S. E. |
| nside full building, these are locked nightly. | | * 6 7 * |
| Utilities (Optional). | | \$ \$ |
| Nater. | \$25 | 8 3 |
| Electricity. | | |
| Fryers, high voltage | \$50. | MEK |
| Low use items. | \$25 | We are an Official Site |
| Campground Fees (Optional) 10/4 10/5 10/6 10/ | | Lewistown Fairgrounds |
| Electricity hookup only- no water/dump stati | | al Camp Fee \$ |
| | \$50 SRVSD FEE. \$ | |
| I have included a copy of my my pro | | |
| I am a FOOD VENDOR (license must be disp | | • |
| Department (309)647-1134 and supplied all i | | |
| A brief description of your product (s) | | • |
| I will demonstrate all 4 days The undersigned, individually and/or as owner/agent for Board or Fairgrounds and the Spoon River Valley Scen representative thereof and all other registrants for any all I | ic Drive Associates, Inc., recognize | agree to hold harmless the Fulton County Fair d Area Representative, thereof and all other |
| any and all activities under the spons | | |
| Signatures | | Date |
| Spoon River Valley Scenic Drive Association | and Area Representatives re | eserve the rights to reject and items |
| not in the best interest of the Association of the | | |

Contact Jennifer English regarding availability

Jennifer English * jenniferbenglish@gmail.com * Please place SRVSD IN THE SUBJECT LINE.

To submit: Fill, save, print & send a copy by USPS with your full check (\$35 fee for all returned checks) or money orders payments to:

Jennifer English, 522 East Davis, Bushnell IL 61422