



Return signed completed form to:

**Sodus Chamber of Commerce
PO 187
Sodus, NY 14551**

Business/Organization _____

(As you want it to appear in ads)

Contact Person _____

Phone # _____ email _____

Address _____

Address _____

Town

State

Zip

Tax # _____

Type of booth:

Craft _____ Antique _____ Business _____ Non Profit _____ Food _____ Farmer _____

Briefly describe your booth (types of product/types of food/services etc):

I am reserving _____ 10 x 10 space(s) at \$35.00 each or _____ 10 x 20 for \$50.00
(number) (number)

(10% discount for repeat vendors OR 10% discount for Sodus Chamber members)

Save \$5.00 by sending in before 8/1/09

I wish to set up on Friday night understanding there will be no security _____

Total amount enclosed: _____

Make check payable to: **Sodus Chamber of Commerce**

Signature: _____ Date _____