

GRENADA'S DOWNTOWN JUBILEE

Registration Form

Saturday, September 12, 2009

Name: _____

Contact: _____

Address: _____

(Name of person to whom correspondence or contacts should go.)

OFFICE USE ONLY

Zip _____

PAID: _____ CHECK #: _____ CASH: _____

* No alternate Rain Date/ Non Refundable

Phone: _____

Cell: _____

Fax: _____

E-mail: _____

Booth # _____

Location: _____

(For Office Use Only)

(For Office Use Only)

What is your PRIMARY business product category? (Please attach photo along with form for viewing)

Adult Apparel

Books/Stationery

Decorative Accessories

Food Vendor

Garden

Gourmet

Linens

Arts & Craft

Pets

Spiritual/Inspirational

Quilts

Beauty/Bath

Children Items

Furniture

Games/Recreation

Gifts and Pictures

Holiday/Floral/Seasonal

Jewelry/Fashion

Accessories

Souvenir

Tabletop Items

Other

Give detail information:

Exhibit Standard Details:

- Size ('12 X "12) \$25
- Food Vendor (12'X 12') \$50
- Some Electricity Provided
- No alternate Rain Date/Non-Refundable
- MS sales tax MUST be paid by cash at the check-in/check out building prior to your final departure.
(Envelope provided for Sales Tax will be located in your packet at check-in.)

Number of Exhibit Spaces Needed: _____
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MAKE CHECKS PAYABLE TO: Chamber of Commerce - P. O. Box 628 - Grenada, MS 38902

Contact Us: grenadachamber@yahoo.com or 1-800-373-2571 or (662) 226-2571