

February 2 | 10 a.m. – 4 p.m.

STORYTELLING FESTIVAL 2019

Contact Person _____

Organization/Business _____

Website _____ T-shirt size (one per vendor) _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____

Email _____

Name of Activity for Sign _____

Description of Activity

I Need:

Number of Tables

Number of Chairs

Electrical Outlet

Near Water

Other (please specify)