

Vendors Form for the Friends of BVNA



Bring your antiques, unwanted items, crafts, and more!

**Saturday September 25th
9am-3pm (Rain or Shine)
Cacoosing Meadows Park,
Spring Township**

Name: _____

Address: _____

Phone Number: _____

Type of item (s) being sold: _____

Vendors have the option to bring their own tables and chairs or allow the Friends to provide a table and chairs.

Amount of vendor spaces needed: _____ x \$25= _____

****One space is 8ft. x 10ft. and includes one 8ft. table and 2 chairs****

Amount of vendor spaces needed: _____ x \$15= _____

****NO TABLE OR CHAIRS PROVIDED****

Amount of food vendor spaces needed: _____ X \$100= _____

\$ _____
Total amount enclosed



Please make checks payable to: Berks Visiting Nurse Association
BVNA Marketing Office, Attn: Melissa
1170 Berkshire Blvd. Wyomissing, PA 19610

****If you have any special requirements for your stand, please contact
Melissa Wenzel at 610-378-0481 x3003 before you send this form****