

Winters Area Chamber of Commerce

P.O. Box 662, Winters, Texas 79567

(325) 754-5210

wacc@wtxs.net

APPLICATION FOR MAYFEST

PLEASE PRINT

Name of Business/Organization _____

Contact Person _____

Address _____

City _____ Zip Code _____ Phone (day) _____

Cell _____

e-mail address _____

List items to be sold or activity to be held.

-
- # of booth spaces requested - \$30.00 each
 Inside or outside (**circle one**)
 Electricity needed - \$10.00 fee
 I will set up Fri. evening between 5PM & 7PM
(set up must be complete by 7PM)
 I will set up Sat. morning between 7AM & 9AM
 Amount enclosed
(check or money order to be submitted with application)

I agree that the above information is true and correct. A check or money order is enclosed with this application.

Signature _____ Date _____

Please return to Winters Area Chamber of Commerce, P.O. Box 662, Winters, TX 79567 or e-mail to wacc@wtxs.net **Deadline for registration is Friday, April 29, 2011.**