

Thank you for your interest in participating as a vendor at our upcoming event! To ensure a smooth registration process, please complete the following form. We look forward to having you join us.

## **Contact Information**

**Vendor Name:** 

•	Contact Person:	
	Email Address:	
	Phone Number:	
•	Website (if applicable):	
Bu	siness Details	
•	Business Name:	
•	Type of Business (Please Check the Appropriate Box I	Below):
	☐ Food & Beverage	
	Arts & Crafts	
	☐ Clothing & Accessories	
	☐ Home & Garden	
	☐ Health & Wellness	
	Other (please specify):	
•	Description of Products/Services:	

## **Additional Information**

- This event will run from 10:00 am until 3:00 pm on Saturday, September 20<sup>th</sup>, 2025. Please plan to stay for the entirety of the event.
- Vendors will be expected to arrive at 9:00 am to set-up their tents in the assigned area. Clean up will begin immediately following the event.

## • Terms and Conditions:

- o By submitting this form, you agree to comply with the event's terms and conditions.
- o Vendors are responsible for their own setup and takedown.
- All sales are the responsibility of the vendor.
- There is no fee for participating as a vendor in this event.
- The Village of Lancaster is not responsible for any damages incurred during the entirety of the event.

Signature:	
Γhank you for completing the Vendor Event Registra	ation Form. Please submit this form to 5423 Broadway
Lancaster, NY 14086 or to events@lancastervillage	eny. gov by Friday, September 5 <sup>th</sup> , 2025 to ensure your
participation. We will contact you with fur	ther details upon receipt of your registration.