



Vendor Entry Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Arts & Crafts Vendor : _____ Food Vendor : _____ Business or Non-Profit _____

Description of Items your Items:

No Water or Electric will be provided

Spaces will be 10X10

***Food Vendors will need to contact the Sallisaw Chamber for approval & size of
food vending trailers including tongue***