

Trail Festival Society
P.O. Box 333,
Trail, B.C., V1R 4L6
Phone (250)364-0918 Fax (250) 364-0915
Contact: Ian McLeod – President

VENDOR APPLICATION FOR SILVER CITY DAYS

Name of Organization: _____

Contact for Organization (Main): _____

Phone: (H)_____ (W)_____

Alternate Contact: _____

Phone: (H) _____ (W)_____

Is your Organization Non-Profit: ____ Yes ____ No If yes Society Number:_____

Where will funds be going to and what percentage(s): _____

What Item(s) do you intend to Sell: _____

Would your Organization like to locate in: ____Arena ____Spokane Street

Space Requirements: Booth _____ Trailer _____ Tent _____

You will only have space shown on this sheet if available, smaller space may be assigned.
Please fill in this application and get back to us as soon as possible. Please make sure it is
Signed and Dated by 2 (TWO) Director's of your Organization.Thank You, Silver City Days
Committee.

Date: _____ Director:_____

Date: _____ Director:_____

PLEASE NOTE:

Upon being approved by Silver City Days Committee & Ministry of Public Health
Department. Your Organization will be required to have 2 (TWO) Directors from your
Organization Sign a contract of agreement. The contract will have to be signed before your
organization can participate in Silver City Days.