



Vendor Registration

Company Name _____

Contact Name _____

Address: _____

Phone: Day _____ Evening _____ Cell-phone _____

E-Mail Address: _____

Website Address: _____

I am registering as a vendor for:

June 16 _____ August 18 _____ Both dates _____

I am registering as a Main Street business to participate:

June 16 _____ August 18 _____ Both dates _____

As a participating business I will be open during the stroll and will offer a Saturday Stroll featured item.

I would like to participate as a sponsors at the:

Gold Level Sponsorship: _____\$125

Silver Level Sponsorship: _____\$50

Upgraded Silver Level Sponsorship (includes name/log on Tote Bag): _____\$75

Make check payable to : **Thurmont First, Inc.**

Mail application & check to : Thurmont EDC/ Saturday Stroll
Attention: Cindy McKane-Wagester
P.O. Box 17
Thurmont, MD 21788

For additional information contact: Cindy McKane-Wagester, Thurmont Main Street Manager]
301-271-7313 ext 213
Virginia LaRoche, Saturday Stroll Chairperson
240-288-8226

