

A Taste of the Hill

Vendor Registration Form

Vendor Information

Business Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Website / Social Media: _____

Address Line 1: _____

Address Line 2: _____

Vendor Type

Food Vendor

Food Truck

Retail / Merchandise

Community Organization

Art / Craft

Health & Wellness

Description of Products / Services: _____

Space Requirements: _____

Special Requests: _____

Vendor Fee: \$100 for all 3 days

Cash App: \$sreeneep221

Zelle: 412-285-7987

Vendor Signature: _____

Date: _____