



Dolan Springs Community Council
 15195 N Pierce Ferry Rd
 P.O. Box 201 Dolan Springs AZ 86441
 928-249-0040
 DSCCAZ.ORG



VENDOR ENTRY FORM

Vendor Name: _____

Last Name

First Name

Company Name (if applicable): _____

Mailing Address: _____

Cell Phone: _____

Email: _____

How many outside 20' x 20' spaces do you want? _____ MAX. 2

How many swap meet 20' x 20' spaces do you want? _____ MAX. 2

Swap Meet Vendors are located on the upper level, Ball Park.

Describe products for sale: _____

Office Use: Date Received: _____ BY: _____

VENDOR NAME: _____

Number of 20' x 20' Park spaces _____ X \$20.00 (AT EVENT \$25.00) = \$ _____

Number of 20' x 20' swap meet spaces _____ X \$20.00 (AT EVENT \$25.00) = \$ _____

TOTAL DUE: \$ _____

CASH RECEIPT # _____ Amount Paid _____

DSCC Member _____

I have read and agree to all the necessary rules and regulations for this DSCC Event. By signing, I release Mohave County, DSCC and its Members and all their representatives from all liability and responsibility for damages, including but not limited to, loss or injury suffered before, during or after as a result of the display of my/others work at my table, equipment and materials and/or those of my fellow Vendors and guests.

Signature: _____ Date: _____