

# *Spencerport Canal Days, Inc.*

*PO Box 331*

*Spencerport, NY 14559*

*www.spencerportcanaldays35@gmail.com*

*www.spencerportcanaldays.com*

*July 25<sup>th</sup> and 26<sup>th</sup>, 2020*

## **Commercial Exhibit Space Rental Application (non-food vendors)**

**Business Name** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Type of Business:** Describe types of products, services, etc., to be displayed. Include business literature if available.

\_\_\_\_\_

**Activities:** What do you plan to do in your exhibit space? Please be specific providing photos of your products AND setup, along with pertinent product brochures, literature, etc.

\_\_\_\_\_

\_\_\_\_\_

**Products:** What products do you intend to sell, giveaway, free raffles, etc.? All products, items, literature, etc., must be listed, use additional paper if necessary. NO STICKERS, BALLOONS, T-SHIRTS, OR POSTERS may be sold or given away or otherwise used for promotional purposes. Sampling and face painting are also not permitted (except under separate agreement).

Indicate sold, distributed free, demonstrated, free raffle, etc.

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**Exhibitor Space Requested:** \_\_\_\_\_ 10' x 10' \$400      \_\_\_\_\_ 10' x 20' \$750

**Spaces will be assigned on a first come, first served basis and will be based on the requirements of each individual vendor.**

Please mail this application with the required photos and a non-refundable \$50 deposit by 5/15/20. Make checks payable to: Spencerport Canal Days and send to address below. Balance of payment due no later than 6/30/20.

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Contact with Questions: Ginny Swarthout (585-352-1350)  
Spencerportcanaldays35@gmail.com