

Vendor Registration

Name: _____

Address: _____

Phone: DAY _____ NIGHT _____

E-Mail: _____

NON FOOD VENDORS WILL BE CHARGED THE FOLLOWING:

1 Day: \$35.00 _____ 2 Day: \$55.00 _____

FOOD VENDORS WILL BE CHARGED 10% OF GROSS SALES

Requirements/Products offered:

**All food vendors MUST return with Registration Form
a current copy of their Insurance and Pa. Dept. of
Agriculture Inspection Certification.**

Make Checks Payable to: Touring Friends

Mail to: Touring Friends Motorcycle Club

P.O. Box 1012

Lewistown, Pa. 17044

For More Information: TOLLFREE 1-877-861-5218