## **Local Artisanal Fashion Pop-Up Vendor Form**

| Vendor Name                           |
|---------------------------------------|
|                                       |
| Owner/Contact Name                    |
|                                       |
| Email                                 |
|                                       |
| Phone Number                          |
|                                       |
| Brand Description                     |
|                                       |
|                                       |
| Type of Products                      |
|                                       |
| Website / Social Media                |
|                                       |
| Business Location (City/Area)         |
|                                       |
| Special Requirements (if any)         |
|                                       |
|                                       |
| Previous Event Participation (if any) |
|                                       |
|                                       |
|                                       |