

Mount Jackson
Apple Harvest
Festival
October 28, 2017
9 a.m. to 5 p.m.

Vineyard Reservation Form

Vendor Name _____

Contact Name _____

Email _____

Address _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Number of spaces-\$40 per 10' x 10' _____

Description of products to be sold _____

*Wine Vendors are to supply their own glasses for the function.

Signature _____ Date _____

Mail Registration and payment to: Town of Mount Jackson

P.O. Box 487

Mount Jackson, VA 22842

Deadline for registration & payment 10/6/17

townclerk@mountjackson.com

www.mountjackson.com

