



Holiday Bazaar & Raffle

Application must be received by November 12, 2018

I would like to reserve on vendor space (10'x5') and I am enclosing a check for \$50 payable to Greater Chicopee Chamber of Commerce.

Vendor Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Specific description of all items being sold or services being provided:

Description of Raffle Prize: _____ and Value: \$ _____

Do you need a power outlet? (Circle one) YES NO

Signature: _____ Date: _____

Please return this response form and payment by November 12th to:

Greater Chicopee Chamber of Commerce

ATTN: Bobbi Mabb

264 Exchange Street

Chicopee, MA 01013