



Michael Feger Paralysis Foundation

Moving Forward With Paralysis

EIN: 90-0652579

Vendor Registration Form

Contact Information

Name: _____ Company/Product: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I agree with the following statements:

- I will provide my table, chair, canopy and accessories.
- My booth will be torn down before 4 pm.
- No alcohol, tobacco or illegal products will be sold or consumed.
- I understand that electricity **will not** be available.
- My area will be clean of all trash before I leave.

Product Donation

If you would like to donate a silent auction item, please let us know here: YES NO

Item Description: _____ Value: _____

Mail this form along with your \$25.00 non-refundable fee before **July 14th!** Please make check or money order payable to **Michael Feger Paralysis Foundation.**

Michael Feger Paralysis Foundation
PO Box 118
Shelbyville, KY 40066

If you want more information or have any questions, please call Betty at (502) 321-3160.