Vendor Registration Form 2025 Wild & Wonderful Sportsman's Showcase

Business or Individual Nam	e:		
Primary Contact Name:			
Phone Number:		Email Address:	
Mailing Address:			
Street:			
City:	State:	ZIP:	
Table Fee: \$50.00 per 6-foo	ot table		
Number of Tables Requeste	ed:		
Type of Merchandise or Se			
Total Amount Due: \$			
To secure your space, plea	se submit this com	pleted form along with either a	
50% deposit or full paymen	t by July 23, 2025.		
Return Forms & Payments	То:		
Wild & Wonderful Sportsm	nan's Showcase		
8010 Maryland Ave			
Marmet, WV 25315			
Make checks payable to:	Joshua Kyle		
PayPal Option:			
Send payment to: wvsport	smansshowcase@	gmail.com	
Email your completed form	n to this address as	s well.	
Questions?			
Call or text Josh at (304) 9	82-3507		

We look forward to having you join us for a great event!

Email: wvsportsmansshowcase@gmail.com