



# WINGS & WHEELS FALL FESTIVAL

Saturday,  
NO RAIN DATE  
Delaware Coastal Airport, Gerogetown DE

## CANDIDATE VENDOR APPLICATION

Complete your application and payment instantly online! Visit [www.wings-wheels.com](http://www.wings-wheels.com)

Candidate Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Site Description

Please give a general description of your site and its displays.  
Include items available to the public (i.e. stickers, pins, flyers, etc.).

Number of Workers: \_\_\_\_\_

Indicate total number of people working on all sites.

### Site Selection & Payment

Please indicate the number of standard sites needed. Prices are PER SITE.

Standard Site (15' x 10') \$50.00/ea x QTY \_\_\_\_\_ = \$ \_\_\_\_\_

IF ON OR AFTER ADD SURCHARGE OF \$50.00 = \$ \_\_\_\_\_

**TOTAL DUE** = \$ \_\_\_\_\_

**ALL** applications & payments **MUST** be received IN FULL & checks cleared by

Your signature on this application indicates acceptance of the agreement and hold harmless statement attached to this application.

Payment (select one)

Check or Money Order payable to **GGCOC**. DO NOT SEND CASH.

Credit Card (CHECK ONE)  AMEX  MASTERCARD  VISA

CARD NUMBER: \_\_\_\_\_

EXP: \_\_\_\_\_ CVC: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remit payment to:

Georgetown CoC  
PO Box 1  
Georgetown, DE 19947

Fax: 302-856-1577

Email:  
[info@georgetowncoc.com](mailto:info@georgetowncoc.com)