

**Camp Creek Threshers  
Vendor Registration form  
All fields are required. Please print.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Type of Merchandise \_\_\_\_\_

Date of arrival \_\_\_\_\_

Do you need electricity \_\_\_\_\_

Any question please refer website. [ccthreshers.org](http://ccthreshers.org), Email us at [ccthreshers.org](mailto:ccthreshers.org) or call 402-786-3003.  
Please have form completed prior to event. Submit form and payment upon arrival.

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