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### Harvest Funfest & Craft Show Trunk or Treat Commitment

Vendor/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Number: \_\_\_\_\_

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

Trunk or Treat begins at 2 pm. Please be set up and ready by not later than 1:45 pm.



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