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## **Garage Sale Vendor Sign-Up Form**

Please fill out the information below to reserve your space as a vendor at the upcoming city-wide garage sale.

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**Full Name:** \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Email (optional):** \_\_\_\_\_

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**Do you need a table?**

☐ Yes

☐ No

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 **Notes or Special Requests (optional):**

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Please submit this form by: September 20

For questions, contact: **Pella Opera House**