



Promote, beautify and enhance the village of Baysville

Baysville Walkabout - July 27, 2024 Vendor Application (fillable PDF)

Office Use Only

Site # _____

Payment Received:
 cheque e-transfer

Insurance Received:
 vendor LOB

Business Name: _____

Vendor Name: _____

Address: _____

Telephone #: _____ E-mail _____

Website or Facebook Page: _____

Do you require your vehicle to be on-site with you? () Yes () No

Why? _____

Please initial that you have done the following:

() I have read all of the Walkabout regulations

() I have enclosed a cheque made out to the Baysville Community Group for \$75 for each booth or have sent an e-transfer for the payment to baysvillecommunitygroup@gmail.com

() I have 2,000,000 liability insurance if high risk vendor

Signature: _____ Date: _____

Please send your completed application, proof of insurance and payment to:

Mail

Baysville Walkabout
% Lorie Edwards
1029 Langford Road
Baysville, ON
POB 1A0

Electronic Submission

Application sent to: lorieedwards1960@gmail.com
E-transfer of fee to: baysvillecommunitygroup@gmail.com