



2024 VENDORS

COMMITMENT FORM

2024 Give a Shuck Vendor Form

Company Name *(as to be displayed)* :

Contact name :

Company Billing Address :

City/State/Zip :

Phone and Email :

Website :

Facebook Page :

Instagram Handle :

Twitter Handle :

Please read additional information about this event provided. Please agree to this form. By agreeing to this form, applicant verifies they have understood the terms of this agreement.

Authorized Signature :

Print Name/Title : Date :