

Fisheating Creek Outpost, Inc

Vendor Information Form

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Website: _____

Program, tour, product or service offered: _____

Describe benefit to the Fisheating Creek Recreation Area: _____

What credentials or life experience do you hold regarding this proposal? _____

If program or service to public---When are you available to present program to the guests of Fisheating Creek Rec Area? _____

Cost for service or product?

How do you currently market your product or service?

Additional Information:

Thank you for your interest. We are excited about bringing new products, programs and services to the Fisheating Creek Rec Area. Please drop off at camp store or email to Patty@fisheatingcreekoutpost.com