

PORT DOVER SUMMER FESTIVAL
The Antique Market
Application Form
AUGUST 16 & 17, 2025

Date received _____

Date of Cheque _____

Business Name _____

Vendor Name _____

Street _____ City _____

Postal Code _____

Home Telephone _____ Business Telephone _____

E-mail _____ Website _____

Entry Fee plus HST {R 107853053}

Mail to: Port Dover Summer Festival, Box 1203, Port Dover ON N0A 1N0

Telephone: 519-583-1314 Fax: 519-583-3275

Space Requested: Single Space 12'x12' : \$110.00 + \$14.30 = \$124.30

Double Space 12'x 24 \$220.00 + \$28.60 = \$248.60

Three spaces 12' x 36' \$330.00 + \$42.90 = \$372.90

Circle Payment type: Cash Cheque (Payable to Port Dover Summer Festival)

Visa

Master Card

Card # _____ Expiry date _____

Name as it appears on card. Please print clearly _____

I have read this and the accompanying information sheet and I understand and will comply with all required by the Port Dover Summer Festival. Check that your mailing includes the application form, entry fee, fire safety confirmation form and copy of insurance.

Signature _____ Date _____