



Vendor Registration Form



Vendor Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Pennsylvania/Transient Vendor License number (if you have one): _____

One of two tables needed? _____

Once your registration is received, you will receive an email confirming your space.

**Thank you for your support!
Return this form and your payment by
check to:**

**AACA Museum, Inc.
Attn: Spring Fling Vendor
Registration 161 Museum Drive
Hershey, PA 17033**