

# 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](mailto:Patty@fisheatingcreekoutpost.com)