



LGHS Color Run Vendor Application

Name: _____

Business: _____

Address: _____

City: Ludowici State: GA Zip: 31316

Phone Number: 912-324-5575

Email: _____

Please explain what you are promoting and what your table will entail.

Would you like a shirt?

Yes (\$15)

No (\$10)

Size (if ordering a shirt):

S

M

L