

Q Holy Night



Vendor Application

Personal Info:

PLEASE PRINT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NUMBER (_____) _____ - _____

EMAIL ADDRESS _____

MAKE CHECK PAYABLE TO TRINITY AG \$25.00

BUSINESS NAME _____

Will you be attending all 3 nights? If not what nights? _____

ITEMS YOU WILL BE SELLING _____

Each Booth Will be given 1 table and 2 chairs (additional chairs can be provided MAX 4 per table)

You will need to provide tablecloths etc.

Will you need a power outlet? O YES O NO

ANY SPECIAL REQUIRMENT _____

ADDITIONAL TABLES ARE \$20 – please indicate in special requirements section.

OFFICE USE ONLY

APPROVED BY _____ Amount Paid _____