

Business "Vendor" Name: _____

Contact Name(s): _____

Phone: _____

Mailing Address: _____

E-Mail: _____

Have you participated in our show before? Yes No If yes, list most recent years: _____

Do you have special requirements? Electricity Other _____

Type of craft: _____



Cathy Hague
Show Co-Coordinator

515-661-2422

palmsadowscraftshow@gmail.com

2025-2026 Show Dates

8 am - noon

December 5

January 2

February 6

Number of shows _____

Vendor Table Fees

All tables are 6 feet &
are \$10 per table.

Number of tables _____

X \$10 = \$ _____ table fee
per show

Payment Calculations

Number of shows _____

X

Table Fee per show \$ _____

=

Total Due \$ _____

Please make checks payable to **Palm Shadows** and mail application to:

Deena Byrd, Activity Director
200 N. Val Verde Road, Box 23
Donna, TX 78537

No guarantee of tables without payment and completed application by October 1, 2025, to reserve for ALL shows. Deadline for a single show is the first of the month prior to show date month. For example, December show deadline is November 1. REFUND/CANCELLATION POLICY: Any requests for refunds due to vendor cancellation **MUST BE RECEIVED IN WRITING** 6 weeks prior to event date.

No entry will be considered for acceptance unless accompanied by **all required forms & fees**. By my signature below, I commit to participate in this season's shows as selected above. I further acknowledge & certify that I understand the cancellation/refund policy.

Applicant Signature: _____ Date: _____

For Office Use Only:

Date Rec'd: _____

Accept Letter: _____

Payment:

Cash _____

Check _____

Notes: