



Mobile Home & RV Resort

Sue McKeehan

Show Co-Coordinator

605-519-8191

palmshadowscrafts26.27@gmail.com

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: \_\_\_\_\_

### 2026-2027 Show Dates

8 am - noon

December 4

January 12

February 9

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, 2026, 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 \_\_\_\_\_



**venmo**