

Business "Vendor" Name:

Contact Name(s):

Phone: \_\_\_\_\_

Mailing Address:

Street or PO Box

City

State

Zip

E-Mail : \_\_\_\_\_

Have you participated in our show(s) before? Yes: \_\_\_\_ No: \_\_\_\_ If yes, list most recent years: \_\_\_\_\_

Do you have special requirements? ☐ Electricity ☐ Other

Type of craft: \_\_\_\_\_



Mobile Home & RV Resort

Cathy Hague

Co-Coordinator

515-661-2422

palmshadowscraftshow@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 \$5 per table.

Number of tables \_\_\_\_\_  
X \$5 = \$\_\_\_\_\_ 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

200 N. Val Verde Road, #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: