

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

Sue McKeehan

Co-Coordinator

605-519-8191

palmshadowscrafts26.27@gmail.com

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 \$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, 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