## Rain Shadow Artisans

UBI#	Vendorship Ap	pplication	Date
Business Name		Contact Name	
Address		Phone Number	
City State	Zip		
Website		Email Address	
Product Description			
Interest/Availability		Business Description	
May September June October July December August	Note: Some months may have 2 Saturdays and some may have both indoors and outdoors. Notice will be provided in advance.	1 - Artist - Single Medium 1 - Artist - Multiple Mediums 2 - Artists - Single Medium 2 - Artists - Multiple Medium	
Prior Venues	# Years	Fee Enclosed	
		Sign on Fee Annual Renewal Fee Youth Vendor Donation	\$ 100.00 \$ 50.00 \$ 25.00 \$
Emergency Contact		Detect	andow Autions
Name:		payable and mail P	nadow Artisans O Box 262 geles, WA 98362

## **Rain Shadow Artisans**

Vendorship Application

How would you describe your business/art in an advertisement?	
Ways you can help Rain Shadow Artisans: (Please check any that y	you may be interested in)
Participating in committees such as: Event Planning, Jury S	Selection, Program Development, etc.
Mentoring, onboarding new artists joining Rain Shadow A	rtistans
Providing instruction, participating in education series as p	part of community programs
Sharing skills and expertise to further the organizational m	nission of Rain Shadow Artisans
	re subject to revision. I have read the guidelines and agree to abide by the n Shadow Artisans has the right to terminate privleges to any artist at the
I agree to hold harmless Rain Shadow Artisans, it's employees, affilia	ates and board of directors, all vendors and participants
for any claims, loss or damange, of any nature whatsover arising fro	
I understand it is in my best interest as a vendor to purchase my ow	n general liability insurance policy.
I understand that an application for vendorship is required each yea fees are accepted.	ar and vendorship is not granted until applicable
I understand by volunteering my help with events and general Rain	Shadow Artisans operations and planning.
costs can be kept low. Cooperative participation sustains our group	, , , , , , , , , , , , , , , , , , , ,
to practice and share their craftsmanship with the community.	
I agree to respect and uphold the high standards of this organization	n and advocate for the community we serve.
Actions:	
#1 - Submit Completed Application with Fee	Contact us at:
(check will not be cashed until accepted)	rainshadowartisans@yahoo.com
#2 - Submit at least 3 photos of your work	
#3 - Submit a photo of your table, booth #4 - New Vendors: Set date for Jury Process	
Test veridors. See date for July 1100ess	Applicant's Signature