



Vendor Application (Please Print)

Num: _____

Pay: _____

Loc: _____

Vendor Name: _____

Company Name: _____

Full street Address: _____

Phone: _____ Email Address: _____

Products: _____

Facebook Page and/or Website: _____

Event Date: December 11, 2021

Space options:

_____ \$65 6 x 6 or 2 (6x6) for \$130 **NO ELECTRICITY AVAILABLE**

_____ \$100 10 X 10 _____ \$25 for electricity access

_____ \$10 for table rental

Special requests:

Additional information:

One chair will be provided, additional chairs available by request. You **MUST** bring a cover or cloth that will cover table all the way to the floor. Tables are only available if rented.

Please refer to Terms and Agreement for all rules and regulations.

Set-up: Saturday at 8am

Event runs: Saturday from 10am-6pm

Breakdown: Saturday at 6:05pm

Signature: _____ Date: _____

Please keep a copy of this form for your records.

Contacts: Gail or Bill Rocheleau 253-831-7894 or 253-272 8221

Bokworm234@aol.com Willirochele@aol.com

C____ E____ FBUD____ F____ VP____ VEML____ VC____ 2week____. 1week____