**Woodstock Fleece Festival – Vendor Registration Form**

**Vendor Registration Instructions:**

**Saturday, October 19, 2019**

Woodstock Fairgrounds – 875 Nellis Street, Woodstock, ON N4S 4C6

Please fill in all fields of the form, hand sign the form and email back to [fleecefestival@gmail.com](mailto:fleecefestival@gmail.com) No Payment is required at this time as you are being placed on our waiting list.

Exhibitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province:\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Description of products and services offered at your booth: (pictures to be emailed)

**Please Select Your Booth Preference**

Returning vendors will have first opportunity to reserve booth space. After the deadline, new vendor reservations will be managed on a “Show Needs Basis”. In the event that your booth preference cannot be accommodated, you will be contacted to make alternative arrangements.

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| **Booth Type-please select 1st and 2nd preferred choice** | **Booth Cost** | **HST** | **Total** |
| O **Type A-**Premium Corner Booth (10’x10’) | $250.00 | $32.50 | $282.50 |
| O **Type B**-Standard Booth (10’x10’) | $225.00 | $29.25 | $254.25 |
| O **Type AA**-Double Premium Corner (20’x10) | $475.00 | $61.75 | $536.75 |
| O **Type AB**-Premium Corner&Standard (20’x10) | $450.00 | $58.50 | $508.50 |
| O **Type BB**-Double Standard Booth (20’x10’) | $425.00 | $55.25 | $480.25 |
| O **Type C** – 3 Standard Booths in a Corner (20’x20’) – 2 available | $545.00 | $70.85 | $615.85 |
| O **Type D** – Barns (10’x10) | $135.00 | $17.55 | $152.55 |

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**