St. Paul’s ChristkindlMarket

Artisan/Crafter Application

Thank you for your interest in purchasing a space for the **November 2nd** ChristkindlMarket. Please fill out the information below and return this application with a check payable to “St. Paul’s Ellicottville ”. The cost for this event is $30 for an ~8ft. x 4ft. space, 3 spaces for $85. **We must receive your application with payment at least two weeks prior to the day of the event. Due to the high volume of knitting/crocheting vendors, these spaces will be filled on a first come, first serve basis.** No payment will be accepted the day of the event. Once the payment is received, no refunds will be issued unless St. Paul’s does not open the event due to unforeseen circumstances. **If you are a return vendor, please be advised that we may not be able to guarantee your same space as before.**

Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list what you will be selling at the event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many spaces are you requesting? \_\_\_\_\_\_

Do you need a table? **(1 table per space).** \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ No

Do you need electric? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Will you donate an item for the raffle table? \_\_\_\_\_ Yes \_\_\_\_ No

I agree to comply with the attached conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

Sincerely,

St. Paul’s ChristkindlMarket Committee

Please mail your application and check to:

St. Paul’s Ellicottville

6360 Rte. 242E

P.O. Box 656

Ellicottville, NY 14731