

Application for Chamber of Commerce Christmas Festival Craft Show  
Saturday, December 7, 2019 / 8:00 am – 3:00 pm  
Located at CCRESA, 1013 S US 27, St Johns



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

Business/Organization Name (if applicable) \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Booth spaces:

\_\_\_\_\_ I would like to rent \_\_\_ space(s) @ \$35 each - space is 7' long X 5' deep with one (1) 5 foot table & 2 chairs included Enclosed: \_\_\_\_\_

\_\_\_\_\_ I would like to rent \_\_\_ space(s) @\$40 each – space is 10' long X 5' deep – you provide your own six or eight foot table & 2 chairs Enclosed: \_\_\_\_\_

\_\_\_\_ Check here if you are a return vendor and want your same space as 2018 (**return vendors have until October 1 to secure their same space as 2018** – after that any unsecured spaces will be considered open).

Indicate here if you want a different space (please remember you can not bump a return vendor if they request the same space back by Oct 1): \_\_\_\_\_

Description of all crafts/items you wish to sell or indicate if it will be just an information booth:  
\_\_\_\_\_

\_\_\_\_ Yes, I will donate one of my crafts (or merchandise) for a raffle/door prizes (we would ask that the item have a value of at least \$5 or more). We hope each vendor is able to donate something – with what the Chamber donates for the day, we can then advertise that we are giving out over 100 door prizes!

Check here if you require electricity \_\_\_\_ (very limited–you must bring an extension cord)

License Plate number of the vehicle that will be in the parking lot: \_\_\_\_\_

All tables must be covered to the floor – you are not allowed to attach anything to the tables (this includes tape from plastic table covers). Nothing can be attached to the walls using any medium and cords can not be in the walkway.

**ACCEPTANCE OF GENERAL RELEASE:**

By signing this application I attest that all the information I have provided is true and accurate. I agree not to hold the Clinton County Chamber of Commerce or CC RESA responsible for any damage or theft which may occur to any of my personal property, my booth and/or sales items. I accept responsibility for all individuals working in my booth space. I have liability insurance and agree to assume all risk associated with participating in this show, including but not limited to falls in my booth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment (check one)** \_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card

\_\_\_ My check or cash is enclosed

\_\_\_ I authorize you to charge \$ \_\_\_\_\_ to my:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express (check one)

Card holder's name as it appears on card: \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Address your billing statement is mailed to \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_