

SATURDAY, NOVEMBER 12th & SUNDAY, NOVEMBER 13th, 2016

VENDOR APPLICATION

NAME:		BUSINESS NAM	ИЕ:		
ADDRESS:		CITY:	STATE:	ZIP:	
PHONE #:		CELL PHON	E #:		
EMAIL ADDRESS:					
Provide specific descrip	otion of ALL n	nerchandise you will	exhibit. Use back of	f application if	
needed:					
Please circle one category t	hat hast dasaribas	vour marchandica or cor	wigos		
Please circle one category t	nat dest describes	your merchandise or ser	vices:		
Arts & Antiques Bath & Beauty Fashion & Accessories		Home Décor & Gifts Food & Gourmet Garden & Lawn	Clothing – Ch/W/M Jewelry Other:	Photographs	
BOOTH RESERVATION				R 25, 2016	
Booth Preference:Wa		_			
SPECIAL BOOTH REQU	ESTS:				
Number of Booths:					
Internet:Yes - \$25 _	No Tables	: @ \$10 each = \$_	TOTAL DU	E: \$	
PAYMENT: Pay by cash,	check or money	order. Make checks pa	yable to Rotary Gift Fe	estival.	
This application must be signed be cancellation is necessary, notify the executing this application, the Verbreakfast Rotary Club, its officer from or in connection with the Hessafety of all displays, booth merces	he Festival Chair befordor hereby releases is, members and assignme For The Holiday	ore October 25, 2016 to receive and forever discharges the Legas from any responsibility, per Gift Festival. The Vendor a	we a refund, less a \$25 cancel evelland Noon Rotary Club at ersonal liability, loss, claims of acknowledges that he/she is re	lation fee. By and the Levelland or damages arising esponsible for the	
APPLICANTS SIGNATURE:			DATE:		