Country Christmas Vendor Application



Contact Information		
Name/Business Name		
Street Address		
City ST ZIP Code		
UBI#		
Work Phone		
E-Mail Address		
Website		
Booth Size		
Vendor Type		
7,000		
Tell us what you'll be selling		
Arts & Crafts		
Clothing		
Jewelry		
Health & Beauty Products		
Food		
Animal Products		
Organization Awareness		
On a sial Mater		
Special Notes		
Summarize what kind of products/services you'll be offering/selling		
Please note: Vendors are to be *self-sufficient* and supply their own tables, canopies. A copy of your permit, business license and/or insurance may be required.		

Previous Experience		
Summarize any previous or current places that you are a vendor for (i.e. Farmers Markets, etc.)		
Person to Notify in Case of	of Emergency	
Name	in Emergency	
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
	I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me n my immediate dismissal.	
Name (printed)		
Signature		
Date		

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in being a vendor with us.

Please email your application to portgambleweddings@raydient.com.





Port Gamble Weddings & Events OFFICE: 360.297.8074 portgambleweddings@raydient.com RAYDIENT.COM