

SAINTS PETER AND PAUL SCHOOL CHRISTMAS EXPO - VENDOR APPLICATION

NAME:	PHONE:
STREET ADDRESS:	
CITY:	STATE, ZIP:
EMAIL (PRINT CLEARLY)	
DESCRIBE THE PRODUCTS BEING SOLD (PLEASE BE SPECIFIC):	
Number of 8' tables requested: (\$25.00 per table)	ELECTRICITY REQUIRED* (check appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please bring your own extension cord. Please do not request electricity if you do not need it! Thank you!

I, the undersigned, have read the fact sheet and application completely and will abide by all the rules and stipulations mentioned. I understand that the SSPP HAS is not responsible for any of my goods/products displayed or sold at the Holiday Shopping Day.

I understand that all legal and tax details on my sales are my own responsibility.

Signed: _____ Date: _____

PLEASE MAIL THIS APPLICATION FORM WITH YOUR TABLE REGISTRATION FEE OF \$25.00 PER 8 FOOT TABLE. IF YOU ARE NOT ACCEPTED INTO THE SHOW, YOUR CHECK WILL BE RETURNED TO YOU.

MAKE CHECKS PAYABLE TO:
SAINTS PETER AND PAUL SCHOOL

MAIL APPLICATION AND PAYMENT TO:
SAINTS PETER AND PAUL SCHOOL
C/O CHRISTMAS EXPO
5480 MAIN STREET
WILLIAMSVILLE, NY 14221

Committee phone number: 716-465-0600 - Kim Adamczyk
Committee email: kadamczyk@live.com