

**HOLY NAME PARISH
ANNUAL CHRISTMAS BAZAAR**
 Holy Name Social Center
 37 Alderman Street, Springfield, MA 01108
Saturday, November 16, 2019
 10:00 a.m. – 4:00 p.m.

Vendor Application

Crafters Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: (evening) _____

IMPORTANT: Please include a detailed description of craft(s) or item and a price range for each -

Reservations will be made on a first-come, first-serve basis. If application is completed by September 1st, your space is discounted by \$5.00. We have **only 40 spaces and they fill up fast**, so please send your completed application along with a check made payable to **Holy Name Parish** as soon as possible. Please note - Fee is non-refundable.

Check Here	Services	Price	Total
_____	One space (1-8x10 space with 1 table & 2 chairs)	\$40.00	\$ _____
_____	Two spaces (2-8x10 spaces with 2 tables & 4 chairs)	\$80.00	\$ _____
_____	(If an electrical outlet is needed)		
TOTAL FEE FOR SERVICES REQUESTED			\$ _____

Please send your completed application, check, and a self-addressed, stamped envelope to:

Peggy Pellerin
 Christmas Bazaar Chairperson
 229 Longhill Street
 Springfield, MA 01108

The management assumes no liability for fire, theft, damage, accident or any other cause during the period of 7:00 a.m. on until property is removed from the building. All exhibitors are individually liable for any damage to or by their own exhibits. The exhibitors shall be solely responsible for any injury to himself/herself, building or their employee(s), either in moving articles into or out of the building, or at any time during the event.

I have read and understand the enclosed guidelines set forth by the Holy Name Christmas Bazaar and agree to all as set forth above.

Signature: _____ Date: _____