

**TE FA'A NŌ TE 'ORI**  
**ARTS AND CRAFTS VENDOR APPLICATION**

(VENDORS + ALL STAFF must have Hold Harmless Agreement Attached to be valid)

ALL BOOTHS WILL BE ON A FIRST COME – FIRST SERVE BASIS – BOOTH SPACE WILL BE LIMITED

**COST: \$100 FOR 10x10 SPACE**

BUSINESS NAME \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE LIST ITEMS TO BE SOLD \_\_\_\_\_

RAFFLE PRIZE TO BE DONATED \_\_\_\_\_

Please read and initial the following:

\_\_\_\_ I understand that the non-refundable vendor fee is \$100.00 and that the fee, Application and Hold Harmless forms, FOR ALL STAFF, are due by September 30, 2024. Vendor applications not postmarked by September 30, 2024, **WILL NOT** be accepted.

\_\_\_ I understand that, as a vendor, I will receive one (2) entry ticket into the competition.

\_\_\_ I understand that the set-up time will be on Saturday, October 19, 2024, from 7 AM to 9 AM

\_\_\_ I understand I am responsible for providing my table, chairs, tent, etc. for a 10X10 space.

\_\_\_ I understand that I will be in operation on Saturday, October 19, 2024, from 10 AM to 8 PM (unless the event ends earlier)

\_\_\_ I understand that clean-up will be on Saturday, October 19, 2024, from 7 PM to 8 PM (unless the event ends earlier)

\_\_\_ I understand that, as a vendor, I will promote Te Fa'a Nō Te 'Ori on any/all social media platforms I belong to.

\_\_\_ I understand that, as a vendor, I will donate (1) raffle prize to be given away at the event. It is understood that the lessee shall not remove a booth before the closing of this lease. Non-compliance will force us to exclude the offending vendor from future events. Vendors must maintain their spaces in a clean condition and remove all waste before leaving the venue.

Payments can be made online through Venmo, Zelle, or PayPal

All payments must be received by October 11, 2024

After payment and hold harmless forms are received, you will be notified by email for booth space confirmation.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR STAFF USE ONLY:

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ CC/MO \_\_\_\_\_ LIABILITY FORM \_\_\_\_\_ Rcv'd by \_\_\_\_\_