



**Saturday, November 12, 2016**

**10:00AM till 5:00PM**

**St. Joe Fall Festival at  
Sacred Heart Catholic Church**

**32145 St. Joe Road**

**Dade City, FL 33525**

**352-588-3641**

**[Office@SacredHeartDadeCity.org](mailto:Office@SacredHeartDadeCity.org)**

**[StJoeFallFestival.com](http://StJoeFallFestival.com)**

## Craft Vendor Application Form

Vendor/ Business Name \_\_\_\_\_

Artist/Crafter Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Number of 12'X12' Outside Booth Spaces \_\_\_\_\_

Number of Inside Booth Spaces \_\_\_\_\_

Description of Product Sold \_\_\_\_\_

### Vendors Fees:

Inside Booth Space (\$50.00) \$ \_\_\_\_\_

Outside Booth Space (\$25.00) \$ \_\_\_\_\_

Electric (\$20 additional, if requested) \$ \_\_\_\_\_

**Total Vendor Fee:** \$ \_\_\_\_\_

### Vendors Checklist:

- \_\_\_\_\_ Signed Application Form
- \_\_\_\_\_ Description of items to be sold by Vendor
- \_\_\_\_\_ Payment by check or money order
- \_\_\_\_\_ Picture of your carfts

I have read and have completed this application. I understand and I agree to pay Sacred Heart Catholic Church the applicable fees for this event. I understand that they have the right not to accept my application and if so, I will be notified in writing via e-mail and the application fee will be refunded. If accepted, I will participate at my own risk and not hold Sacred Heart Catholic Church, or any of its representatives, liable for loss or damages.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chair: Jean Nathe** [jean@trade-marksales.com](mailto:jean@trade-marksales.com) (813) 783-4364

### Send forms and payment to:

Sacred Heart Catholic Church

32145 St. Joe Road

Dade City, FL 33525

**Attn: Fall Festival**