Phone 707-464-9556
Fax 707-464-9519

1-800-350-9556
E-Mail: info@dnfair.org

HOLIDAY FAIR 2024 APPLICATION

Vendors from the previous year get priority for booth space.

Returning Vendors must send payment no later than November 1st.

If you are new for 2024, please do not send payment until booth space is confirmed.

Business Name		
(Contact) NAME		
ADDRESS		
		<u>. </u>
BOOTH SPACECE	IECK ONE	<u>INCLUDES</u>
A) $10 \times 10 = 60.0	00 []	1 TABLE & 2 CHAIRS
B) 10 X 20 = \$80.0	0 []	2 TABLES & 2 CHAIRS
WILL YOU BE SEL	LING FOOD OF ANY TYP	E? YES[] NO[]
INSURANCE		
PROVIDED BY VE	NDOR [] PUR	CHASED FROM FAIR \$10.00 []
		A THREE-DAY EVENT HERE ALL THREE DAYS
COMMENTS		
TOTAL AMOUNT DUE		(SIGNATURE)

The Fair Association reserves the as it may approve.	right to decline or prohibit any p	roposed display or concession, or any portions thereof and to permit only such matter
DATE RECEIVED	AMOUNT RECEIVED	RECEIPT NUMBER