

VENDOR INFORMATION (Please Submit this Page Only)

Business Name: _____

Contact Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Website: _____

Have you been a vendor at any previous Cranston Christmas Bazaars? YES / NO

PRODUCT INFORMATION

Please select the category that best describes your product:

Fashion

Beauty

Health

Crafts

Home Improvement

Other

If other, please describe: _____

Please list **ALL** items that you plan to sell at the Christmas Bazaar: _____

How many tables would you like?

One

Two

Would you like access to power?

Yes

No

Would you like to rent a table cloth?

Yes

No

Did you make the product yourself?

Yes

No

Is this product made or grown in Alberta?

Yes

No

Is your product available elsewhere?

Yes

No

If yes, where? _____

Are you interested in donating an item to a gift basket that will be drawn for our customers? Yes No

Please attach any other product information you may have, including product photos, product information, and/or certifications (if required). This information will allow us to have a better understanding of your products so we can pass information on to our customers. Please attach as much information as you deem necessary.

Special Requests (Requests made here are not guaranteed and will be accommodated on a first come, first served basis):

For Office Use Only

Approved / Denied / Waitlist

Invoice Number: _____

Payment: Cash / Cheque / Debit / Visa / Mastercard

Date Payment Received: _____