

**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 Events? YES / NO

**PRODUCT INFORMATION**

Please select the category that best describes your product:

Fashion

Beauty

Health

Food/Treats

Other

If other, please describe: \_\_\_\_\_

Please list **ALL** items that you plan to (if any) at the Puppy Play Date: \_\_\_\_\_

How many tables would you like? (select one option)

One @ \$50 (NO selling)

One @ \$100 (selling items)

Two @ \$70 (NO Selling)

Two @ \$120 (selling items)

Would you like access to power?

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: \_\_\_\_\_