Mother Gertrude

Assisted Living Home

Christmas Boutique and Craft Fair

11320 Laurel Canyon Blvd., San Fernando, CA 91340

Saturday, November 5th, 2016

8:00 am -3:00 pm

Vendor donation fee is $30 per space & $20 value ***new*** gift for raffle

* Space: Indoor/ Outdoor 10'x8'(Rain or Shine). Each space will include one 6' table and one chair. The event will be held outdoors weather permitting or indoors.
* We suggest that you have an awning. It must be a popup, or EZ Up type, which must fit within your assigned space.
* Spaces will be pre-assigned. You will be notified of your space number before the event.
* Check-In and set-up begins Saturday at 7:30am. Check-In at the Mother Gertrude Guild table.
* Vendors are required to wear provided nametags for identification.
* Lunch/snack/beverages will be available for purchase.
* **No** selling of plants.
* **No** live animal sales will be permitted, including fish and reptiles.
* **No** burning of candles or incense please, since some people are sensitive.
* You are renting your space and your smells and sounds cannot bother others (incense, loud music, etc.)
* If your items have vulgarities on them, you may be asked to remove them from your sales space.
* You are expected to sell, what you applied to sell. Crafts are not limited to seasonal or holiday crafts. Manufactured items embellished by hand are acceptable.
* The sale of food items is **not** permitted, including homemade candy/pre-packaged foods.
* Please bring fixtures and display racks for your items, including table cloths.
* **No** electrical outlets will be available.
* After you unload, you will need to move your car to a designated vendor parking area.
* All items must be priced. Customers must be able to tell the price of all your items, without asking. One price for like items is allowed, such as "all items in this basket $1 each" and signage is welcome.
* You will need to staff your space. You will be collecting the money from your own sales.

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Craft Vendor Application:

Name of Vendor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booth: 10x8 spaces, 1 table, 1 chair

Description of items and/or handmade craft items being sold.

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Applications will be accepted until full. Please make checks or money orders payable to: Mother Gertrude Home Guild **Attention Guild:** **Sonia Turner Event Location: 11320 Laurel Canyon Blvd.**

**11320 Laurel Canyon Blvd. San Fernando, CA 91340**

 **San Fernando, CA 91340**

If you are interested in participating, please complete the vendor application form and return with check or money order by Thursday, October 21, 2016 deadline.

**Cancellations** - All cancellations must be received by Monday, October 30, 2016 for a full refund. No exceptions.

I have read and understand that I must comply with the Mother Gertrude Home Christmas Boutique and Craft Fair General Policy Statement handed down by Mother Gertrude Home and I also agree to protect, defend, indemnify and hold harmless Mother Gertrude Home, agents, employees and volunteers from all loss, damage and claim resulting from the event. I understand if the General Policy Statement is not upheld my booth will be closed immediately and my fees will not be returned.

Please make a copy of this form for your records.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information please contact:

Sonia 818 298-2263 or Nancy 661 645-9918