

ST. JAMES CHURCH
BOOTH SPACE RESERVATION APPLICATION
2024 Norman's Attic Fall Fest — Sept. 14th

Please print....

Name: _____ Phone () _____

Address: _____

Brief description of products you will be selling: _____

Email: (please print clearly!) _____

Do you have a tent? __Yes __ No

I understand location will be on a first-come basis and organizers will make every attempt to assign vendors to spaces according to vendor needs. With my signature below, I agree that I will not hold St. James Episcopal Church liable for any injury received while participating as a vendor at Norman's Attic Fall Fest.

Signed: _____ Date: _____

Please reserve spaces for as follows:

of spaces: _____ @ \$45 each if reserved by 8/5/24 = \$ _____

of spaces: _____ @ \$55 each if reserved by 9/9/24 = \$ _____

of spaces: _____ @ \$70 each if reserved by 9/15/24 = \$ _____

Enclosed is my check made payable to St. James Church for \$ _____ for my 2024 space(s) as indicated above. Please note "NA vendor payment" on memo line. Mail completed application form and check to:

Norman's Attic Fall Fest
St. James Church
PO Box 25
Arlington, VT 05250

St. James' reserves the right to not accept any vendor whose products or services are considered inappropriate or offensive to St. James Fundraising Committee.

For office use only

Date received: _____ Amount \$ _____

Conf. sent: _____

Space # _____

