



2017 Application Form

Please note all applications must be filled out completely or it will not be considered and payment will be returned.

nhfamily@newhopedsm.org * (515)278-2097
Questions: Deb Henry mssci@aol.com 515-577-1129

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Art/Craft Medium _____

Please take note when reserving spaces - The standard space is 5ft x 9ft. The committee will attempt to accommodate vendor requests for placement, however, NO GUARANTEES CAN BE MADE. Booking is done on a first come, first served basis.

\$ _____ Number of 5ft. x 9ft. spaces (limit 2) @ \$45 per space (\$40 for New Hope Members)

\$ _____ Number of 8ft. tables (limit 2, one per 5ft. x 9ft. space) @ \$5 a table (we have a limited number of 8 ft. tables...will be assigned on a first come, first serve basis.)
(if \$0 is listed, you are to bring your own table or display that must fit in the 5ft. x 9ft. space)

\$ _____ Electricity \$5 - Limited amount - first come basis

\$ _____ Pay by Paypal Payment can be sent to nhfamily@newhopedsm.org

\$ _____ Total Enclosed (Please make check payable to: New Hope United Methodist Church)
Check # _____ Registration fee is non-refundable after October 1, 2016

_____ Chairs - Please indicate how many (limit of 2 chairs per space). No fee.

Vendor Lunch: Lunch will be available at an additional cost. Details will be sent closer to the event.

Mail to: New Hope United Methodist Church, 4525 Beaver Ave. Des Moines, IA 50310

Upon receipt of your signed registration & payment, a confirmation letter will be emailed (if an email is provided) or mailed to you.

Select one: Confirmation can be sent to Email: _____ U.S. Mail: _____

Set-up Time is Friday, November 10, 5:30-8:00 p.m. You **MUST** be set up by 8:00 that night.

Clean-up time: Vendors **MUST** have their items cleared out by 4:00 pm on Saturday for the church to reassemble.

I understand New Hope United Methodist Church will not charge a commission and will not be liable for any loss, damage or personal injury that may occur. I agree to maintain my area throughout the duration of the entire show.

Detailed description of your hand made Arts and/or Crafts: _____

Signature _____ **Date** _____

Committee Use Only:

Date Received: _____

Check #: _____ Amount _____

Tables Requested: _____

Chairs Requested: _____

Electricity Needed: _____

Released Signed: _____

Confirmation sent: _____

Space # assigned: _____