



Application for January 15, 2022 Show

ARTS & CRAFTS VENDOR APPLICATION and AGREEMENT

I do not plan to enter the show this year, however, please keep my name on your mailing list.

Artist Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Telephone: (cell) _____ (office) _____ e-mail: _____

Vehicle Make: _____ Color: _____ State/Tag #: _____

Media/Type of Art or Craft: _____

___ @ \$100 (per 10' x 10' space) Art Vendor Fee Enclosed: \$ _____
(THESE FEES INCLUDE TAX)

One of the following is required information:

Website to view your media: _____

Enclosed or emailed pictures of your creative process _____

_____ I am a returning vendor from _____. Space # last show _____

Note: returning vendors are guaranteed their same spaces if payment is received by November 30, 2021.

_____ Will you be willing to donate a piece of art work for the raffle?

The above named artist, by returning this signed application and fee, agrees to the following:

- To exhibit his/her work in the assigned space on January 15, 2022 from 9:00 AM to 4:00 PM.
- To show only his/her handcrafted work approved. The Committee will inspect each booth/display, reserving the right to request removal without refund any merchandise it considers to be not original and handmade or deems inappropriate for a church/family setting.
- I certify that I have created all items represented in this application and all items displayed at the Art and Craft Fairs in my name.
- Vendor will furnish all materials necessary to display his/her work. Power is not available. (Power cords are not to be connected to church building.)
- To follow the rules printed on the back of the map. In case of dispute, the committee has final say.
- Registrant hereby releases and forever discharges San Pedro Catholic Church, its representatives and officers and their heirs and assigns, event sponsors, and volunteers and any other individuals assisting with the event from any responsibility, personal liability, loss or damage in connection with this festival.
- There will be a \$50 service charge for returned checks.

NO REFUNDS

Signature: _____

Date: _____

CHECKS PAYABLE TO: **Art Under The Oaks**
MAIL TO: **P.O. Box 456, Tavernier, FL 33070**
Reg/Info: **305-852-5372 Ext 3**

Contact:
artundertheoaks@yahoo.com
or **305-852-5458**

Office use: date received _____ amount paid _____ type of payment _____ check # _____ booth# _____