

JULY 1 2 3 4

LA PINE FRONTIER DAYS

PO Box 1468, La Pine, OR 97739 * (541) 536-7821 / Fax (541) 536-9311
Web: www.lapinefrontierdays.org / E-Mail: info@lapinefrontierdays.org



Your Hometown 4th of July Celebration

La Pine Christmas Bazaar

December 7 & 8, 2018 * La Pine Community Center

VENDOR APPLICATION



Name _____ Phone _____

Address _____

E-mail _____ Fax _____

Description of items for sale _____

Items must be quality handcrafted or gift items. Homemade food items must be packaged and a sign displayed saying that these "Items were prepared in a non-certified kitchen". Vendors preparing food on site may be required to have a Temporary Restaurant License obtained from Deschutes County Health Department 541-388-6575. It is your responsibility to check into this.

Set-up: FRIDAY, DECEMBER 7, STARTING AT 7AM– Must be set-up by NOON
Bazaar Hours : **Friday, December 7, from NOON until 7PM**
Saturday, December 8, from 11AM until 8-9PM. Closing time will be determined by the crowd volume after the Light Parade Awards Ceremony. (If an early takedown seems appropriate we will take a poll of the vendors to determine an early take down time.)

Spaces are 10' wide and 8' deep and the charge for each space is \$65 - Electricity is available to all at no extra charge. Booths will include metal framework from which you can hang or attach display items; the front rail of the booths will have garland and lights. **No security deposit will be collected, however, if you choose not to adhere to common practices of clean-up and no early takedowns, you will not be invited to participate in any other Frontier Days events in the future.**

Tables are available for rent \$5.00 each; you must provide your own extension cords.

# of booth spaces _____ @ \$65/each	\$ _____
# of tables _____ @ \$5.00/each	\$ _____
TOTAL ENCLOSED	\$ _____

I UNDERSTAND AND ACCEPT THE CRITERIA AND OBLIGATIONS LISTED ON THIS APPLICATION

Signature _____ Date _____

MAKE CHECKS PAYABLE TO LFDA AND RETURN THIS PAGE TO THE ADDRESS ABOVE

OFFICE USE: Sales Receipt # _____ Dated: _____

