

Sparks United Methodist Church
1231 Pyramid Way, Sparks, NV 89431
775-358-0925

Harvest Festival & Craft Fair 2017
October 14th & 15th
Vendor Application Form

Name _____

Company/Business Name: _____

Address: _____ City _____ State _____ Zip Code _____

Telephone (Home) _____ Cell _____

Email _____ Website _____

Have you participated in the Sparks Harvest Festival & Craft Fair before? Y___ or N___ How many years? _____

Product Category (Check all that apply)

Art, Paintings, etc. _____ Candles _____ Paper Crafts _____ Soap/Scents/Oils _____

Children's Items _____ Clothing _____ Floral/Wreaths _____ Glass _____

Wood products _____ Leather Goods _____ Metal _____ Jewelry _____

Ceramics _____ Photography _____ Other crafts _____ Food (Describe) _____

Home based business (Scentsy, Tupperware, Avon, etc) _____

PLEASE DESCRIBE YOUR PRODUCTS: _____

YOUR APPLICATION MUST INCLUDE THE FOLLOWING:

- 1) Your completed and signed application form acknowledging that the rules have been read and understood.
- 2) Check, Money Order or Cashier's Check payable to "Sparks United Methodist Church" for \$55.00. This fee is required and non-refundable. Deadline for registration is September 30th. No applications will be accepted after September 30th. On-line payment and registration will be available at www.SparksUMC.org.

Mail application and money to the church at 1231 Pyramid Way, Sparks, NV 89431.

We will contact you approximately one week prior to the event with your booth number and set up details. If you have any questions, please contact us by email at sparksumcharvestfestival@gmail.com or leave a message at the church office at 775-358-0925.

DISCLAIMER: I accept any and all responsibility for and assume the risk of all injury or damage to my person which might arise directly or indirectly as a result of my participation in this event. I hereby release, discharge and hold harmless from any liability whatsoever the Sparks United Methodist Church or its staff, whether salaried or volunteered. I certify that I have read and understand the same and that it is my intention by signing this release that this binding is not only upon me, but my heirs, administrators, executors, successors and assigns.

Vendor Signature _____ Date _____

Entry Fee Enclosed _____ Check, Money Order, Other _____

Office Use Only

Post mark date: _____ Date Rcvd: _____ Chk# _____ Other _____ Amt \$ _____

Posted by: _____ Comments: _____

09/16/2017