



Vendor Application

Weekend: April 20^{th} - 21^{st} , 2024 10:00am to 7:00pm Registration and set up: Friday April 19^{th} from 9:00am to 10:00pm (Dates, times and location are subject to change.)

Merchant		Work Phone				
Business Name				Home Phone		
Rooth Name as you want it to appear in the program/wakeite				Cell Phone	Call Phone	
Booth Name as you want it to appear in the program/website				Cen i none	Cen Phone	
Address		Fax				
City	State	Zip	Email Address	1	IA Resale Number (if applicable)	
Okay to rel	ease information to poter	ntial customers:	: _ Phone Only _ Address C	Only _ Email Only [All Okay _ None	
	PARTICIPATION clothing, archery, tard		S Activity	Other:		
PRODUCT LIST	ING (Include a sepa	rate page if n	eeded. Please include prod	lucts and pictures	if available to include on the website	
Please list your prod	luct/service and pricir				if available to include on the website disclosed as such. Continue on a	
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EXPERIENCE / TRAINING IN YOUR FIELD Please describe your training/experience. Include specific information about materials and techniques, length of time, and any awards.					
	BOOTH DESIGN/DISPLAY				
	d some time researching the period in preparation for creating your Faire presentation. We aesthetically accommodate an actual demonstration or explanation of the craft, but it is not				
BOOTH DIMENSIONS (Plea	se specify your space requirements to ensure we plot out the marketplace appropriately)				
anything else that will be part of the	nopies & poles, hay bales, seating areas, back room/storage areas, signs that overhang, or e area. Include any demonstration or customer waiting area, as well. Include a sketch or photo is. List frontage first. 'WideX 'DeepX 'High X 'WideX 'DeepX 'High X				
Fairfield Renaissance	BOOTH SPACES are 10' x 10 ' Fee per booth is \$75.00 for the weekend Early Bird Registration prior to February 1st is \$65.00				
20 Faire 24	Number of booth spaces requested:				
I HAVE READ AND UN	DERSTAND THE PARTICIPANTS' AGREEMENT.				
SIGNATURE	DATE				
	nber to: oplication in full under the control of				
Please return for	orms by email or mail to: Bucked Tooth Llama				

Page **2** of **2** FairfieldRenFaire@gmail.com

P.O. Box 1135

Fairfield IA 52556

Please make checks out to:

Bucked Tooth Llama