



Crafter & Vendor Application

Make checks payable & mail to:

Strasburg Chamber of Commerce P.O. Box 42 Strasburg, VA 22657

PLEASE PRINT:

Trade Name: _____

Contact: _____

Complete Mailing Address: _____

Phone: _____

Email: _____

Check this box if you would like email confirmation of application receipt (Does not guarantee acceptance)

Website (if available): _____

Check One: Craft Vendor _____ Business Display _____

Describe your items in detail: (use additional pages if necessary or send pictures):

Are your crafts handmade by you or purchased? Handmade _____ Purchased _____ Combination _____

Your crafts range in price from \$ _____ to \$ _____

Total Spaces needed (10x10) _____ \$25 per space: Total Amount Enclosed: \$ _____

Make checks payable Strasburg Chamber of Commerce

You must provide your own table with a maximum size of 10x10

I have read all the rules & regulations contained herein and agree to abide by them*

Signature: _____

Date: _____

*By signing I/we understand that the Holiday Bazaar Committee, Strasburg Fire Department and the Strasburg Chamber of Commerce are not liable for injury to persons participating in its events or to spectators/visitors, or damage to vehicles or personal property. Further, we have reviewed the rules, regulations and policies of the Holiday Bazaar and agree, if we participate, to comply with them as prescribed and to indemnify and agree to hold the Holiday Bazaar Committee, Strasburg Chamber of Commerce, Strasburg Fire Department and the Town of Strasburg harmless from any and all liability arising from our participation in the Event.

Office Use Only

Date _____

Amt. Paid _____

√/MO# _____