

Arts & Crafts/Business Vendor Application



Make checks payable to & mail to:

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

PLEASE PRINT LEGIBLY:

Name: _____

Trade Name: _____

Mailing Address: _____

Phone: _____

Email: _____

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

Website (if available): _____

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

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

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

Total Spaces needed (10 x 10) _____ Total Amount Enclosed: \$ _____

Type of Set-up (tents/canopies are recommended): Tent/Canopy _____ Table Only _____

I/We plan to attend: Saturday & Sunday: _____ Saturday Only: _____

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

Signature: _____

Date: _____

*By signing I/we understand that the Mayfest Committee 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 Mayfest and agree, if we participate, to comply with them as prescribed and to indemnify and agree to hold the Mayfest, Strasburg Chamber of Commerce and the Town of Strasburg harmless from any and all liability arising from our participation in the Festival. **Space numbers will only be given upon check-in on Saturday morning and not earlier.**

Office Use Only

Photos _____

Date _____

Amt. Paid _____

√/MO # _____

Space # _____