**Easton Jags Holiday Bazaar Vendor Contract**

**November 16, 2019 9:00 am to 3:00 pm**

**Name Date**

**Mailing Address**

**Email Address Phone #**

**Type of craft, product or service you will be having at the Bazaar.**

**Table or space 10.00 per each.**

**I would like # table(s) provided I would like # space**

**Requests: I will need power at my table Yes\_\_\_\_\_ No\_\_\_\_\_**

**Wall space Yes No**

**We will do our best to meet your requests.**

**Vendor Application Signature Date**

**Vendors may set up on Friday from 2:00 – 5:00 PM**

**Doors will be open Saturday morning at 7:00 AM**

**The school will supply only the tables. You are responsible for all other supplies.**

**Questions: please contact Jennifer Jensen 509-674-9229 or jensenj@easton.wednet.edu**

**Return forms to: Easton School Attention Jenny PO Box 8 Easton WA 98925**

**Checks Payable to Easton School ASB**

**Paid\_\_\_\_ check #\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_ Total\_\_\_\_\_\_\_**