



TABLE # : _____ PEG Brd. Y or No
RECPT #: _____ \$ _____
For Office Use Only

2020 November to Remember Arts & Crafts Sale Vendor Application

NESA will be hosting A November to Remember Arts and Crafts sale on **Saturday, November 14th, 2020** from **9 a.m. – 3 p.m.** The following is offered for your information. If you have questions or comments please feel free to contact Cathy at 780-496-6969.

- Tables will be **rented to NESA members only** on a first come first serve basis. Cost per 8' x 3' table is **\$25 (limit 2 tables per vendor)**. Payment is due at time of registration. There will be no refunds for cancellations. We accept cash, cheque, debit/credit. INITIAL

- Limited number of peg/display boards will be available for **\$5 each (one board per vendor)**. No other furniture can be brought in for display purposes unless it fits on top of table or behind. Displays must stay within the table boundaries. _____

- All items must be 100% new and handcrafted; no commercial products are allowed. _____

- We cannot guarantee that there will not be vendors selling the same product. _____

- Application deadline October 31, 2020. _____

Thank you for your interest.

*****Please note that due to the complexities of Covid-19, the event could be cancelled with short notice. If this happens, NESA will refund you your table rental(s)*****

Date Received: _____

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2020 NOVEMBER TO REMEMBER ARTS & CRAFTS SALE VENDOR APPLICATION

MEMBER NAME: _____

MAILING ADDRESS: _____ Postal Code: _____

PHONE NUMBER: HOME: _____ WORK: _____

TABLES REQUESTED: _____ (**maximum 2**)

PEG BOARDS: YES NO \$5 charge per board

POWER SOURCE IS NECESSARY AND SO REQUESTED: YES NO

PLEASE PROVIDE A BRIEF DESCRIPTION OF CRAFT ITEMS YOU WILL BE SELLING, **if it is not listed, please do not sell it.**

WAIVER

I will not hold the North Edmonton Seniors Association or any individual working with the Arts & Craft Sale responsible for personal injury, damage to property, losses or theft I may incur as a result of my participation in this event.

Date: _____

Name (please print):

Signature:
