Fall Basket Raffle VENDOR REGISTRATION FORM

CHRISTIAN ACADEMY OF WESTERN NEW YORK

789 GILMORE AVENUE NORTH TONAWANDA, NY 14120 SATURDAY, OCTOBER 23, 2021 11AM - 4 PM

Food, bounce houses, petting zoo, games, pet a kangaroo, Basket Raffle, 50/50... and more!!!

Please fill out the form below and return, with your registration payment, so we can reserve your spot!

- \$ 25.00 registration fee AND one \$25.00 value Basket Raffle item are required to participate in this event.
- Vendors must provide their own equipment (tables, tents, chairs).
- Vendors will have access to bathroom facilities. There will be **no** access to electricity.
- Location for vendors will be outside. Some inside locations may be available. Please mark your preference below.
- Vendors may begin set up at 9:00 am and must be completely set up by 10:45am.
- Vendor breakdown begins at 4:00 pm. No early breakdown permitted.
- Vendors are responsible for leaving their area in the same condition they found it.

Payment method: ____ Cash Check

- We reserve the right to censor any booth and to deny applications to prevent duplication or sale of similar items.
- All fees are non-refundable, unless application is denied, per line above.
- Vendor approval will be first-come-first-serve, based upon receipt of registration and payment.
- Registration form & payment must be received at the CAWNY office by 2PM October 18th, to reserve your space.
- Vendor donation for basket raffle is due by 2pm on Friday, October 22nd.

PLEASE PRINT LEGIBLY			
COMPANY:			
CONTACT PERSON: _			
		MAIL:	
Description of items	to sell:		
\square I understand tha	t vendors will be located outside.	If available would prefer to be: OUTDOORS INDOO	RS
I agree tha	• •	ew York will not be held responsible for any liability, lost, stole injury incurred during the Fall Basket Raffle event.	en,
Signature of Vendor: _		Date:	
	tration form and payment may be mail	of Western York, 789 Gilmore Ave., North Tonawanda, NY 14120 led or dropped off at CAWNY between 8am and 2pm weekdays. please contact Marcela Willmore (716) 605-5780	
Office Use Only:	Date application & payment re	eceived: Total payment received:	