Cawny's Fall Basket Raffle

October 25, 2025 / 12-5 p.m.

VENDOR REGISTRATION FORM

Food, Basket Raffle, Games, 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 inside. Some outside locations may be available. Please mark your preference below.
- Vendors may begin set up at 11:00 am and must be completely set up by 11:45am.
- Vendor breakdown begins at 5:00 pm. **No early breakdown permitted.**
- Vendors are responsible for leaving their area in the same condition they found it.
- 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 17th, to reserve your space.***
- ***Vendor donation for basket raffle is due by 2pm on Friday, October 23rd.***

PLEASE PRINT LEGIBLY

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Description of items to sell: _____

☐ I understand that vendors will be located inside. If available would prefer to be: OUTDOORS _____ INDOORS _____

I agree that Christian Academy of Western New York will not be held responsible for any liability, lost, stolen, damaged merchandise or any injury incurred during the Fall Harvest Festival event.

Signature of Vendor: _____ Date: _____

Make Checks payable to: Christian Academy of Western York, 789 Gilmore Ave., North Tonawanda, NY 14120
Registration form and payment may be mailed or dropped off at CAWNY between 8am and 2pm weekdays.
If you have any questions, please contact Marcela Willmore (716) 605-5780

Office Use Only: Date application & payment received: _____ Total payment received: _____

Payment method: _____Cash _____ Check