

Crafters to the Rafters Handmade Market

March 17, 2018

10am - 4pm (set up starts at 8am)

Please note there are 4 pages to this application. Please ensure that you read and understand each page of this document.

Name: _____

Business Name: _____

Best number to reach you at: _____

Email: _____

Type of Craft (if multiple items, please list your main item as this will help me put you in the right category):

Please indicate required space:

___ Table

The tables are 6' long and \$75.00 each - if you have your own table/setup the cost is \$70.00 each. Please bring your own tablecloth(s).

___ 8' X 8' Wall Space

___ With Table (6')

This space is \$125.00 each and does not include a table unless indicated above, please check off 'with table' if one is needed. If a table is requested, please bring your own tablecloth(s). Please note you will need to provide your own display setup.

Are you needing: (please check any/all that apply)

___ Electricity (must bring own extension cords)

___ Other

To contact me, Connie Hainstock:

By email:

crafterstotherafters@gmail.com or chainstock@tbwifi.ca

By phone:

Cell: (587) 991-3359 or Home: (780) 963-7674

Method of payment: (please circle)

Cash/ Credit Card/ E-transfer/ Debit

*For etransfer please send to chainstock@tbwifi.ca

* GST may be charged at future events.

If you are needing to mail a cheque, please contact me for mailing address.

*Please note there will be a complementary ATM at the venue.

Please read and initial the following. Failure to do so may result in your application being denied.

Vendor Requirements:

X ____ If you are running late and not able to be set up by the start time of 10:00 am you must contact me via phone before 9:30 am. Vendors are expected to show up for set-up between 8:00 am and 9:30 am the day of the sale. **Any no-shows will not be considered for future markets.** You must be present and ready to operate by 10:00 am.

X ____ Assigned areas vacant after 10:00 am may be reassigned to another vendor.

X ____ You may not pack up early. Take down will begin at 4:00pm.

X ____ Sold out vendors must remain completely set up and present at their booth until take down.

X ____ Public safety is the responsibility of **everyone** at the market. We have a **zero tolerance** policy for anyone who does not comply with these regulations.

X ____ All business ownership changes require a new application for vendorship.

X ____ If you are a food vendor, please ensure that you have the required permits and certifications.

X ____ Only approved food vendors are permitted to sell food and/or beverages.

X ____ Vendors are responsible for the table and any space they are assigned. You are responsible for any damage to your assigned area. Please inspect your area upon arrival. You have until 10:00 am on the day of the sale to notify Crafters to the Rafters staff of

any damage to your area prior to your arrival. Any damage to your area may result in a fine and/or replacement costs.

X _____ Vendors are not permitted to loan, share, or sublease their assigned area(s). Only the business outlined on the previous page is permitted to operate in your assigned area.

X _____ No product or signs are permitted outside of your assigned area.

X _____ You must clean up any spills or pieces of debris around your area before leaving the event.

X _____ You must be professional and courteous to shoppers, vendors, and market staff.

X _____ You must ensure that your business and all products abide by the laws and regulations set by Alberta Health Services and/or any other relevant agency.

X _____ Pets, weapons, smoking, illegal drugs, and alcohol are not permitted in the venue.

X _____ You must ensure no alcohol or illegal drugs that may affect your judgment are present in your system while operating at this event.

X _____ You must work together with Crafters to the Rafters staff at each market to resolve any conflicts or concerns in a calm and professional manner to ensure the market is a good experience for all parties involved.

X _____ Crafters to the Rafters reserves the right to change, interpret, and enforce these terms and conditions as deemed necessary.

Any failure to comply with these requirements will result in an inability to join us at upcoming markets. Vendors who do not comply with these regulations will be removed from the event.

Cancellation Policy:

If 1 month or more is given, it will be a full refund.

If 2 weeks to 1 month is given, there will be a 50% refund.

If 2 weeks or less is given, there will be no refund

X _____ I have read and understand the cancellation policy.

Thank you for your interest. Please note that the acceptance into this market is not on a first come first served basis. Applications from returning vendors will receive first consideration; however, previous participation does not guarantee future acceptance. In order to maintain diversity, I limit duplications so please submit this form as soon as possible. You will not be considered accepted until your form is approved and payment has been received.

Crafters to the Rafters Online Vendor Directory (Optional):

X _____ I have been giving my vendors free space on the Crafters to the Rafters vendor directory from the date of the sale they attended up to the date of the next market. If you are a vendor and you do not wish to be added, please let me know.

X _____ *In order to comply with the Personal Information Protection Act: In initialing this I give consent for Crafters to the Rafters to disclose my name, company name, email address and/or telephone number to persons inquiring about my product(s) and/or attendance at the event, and for promotion of the Crafters to the Rafters markets. I also give permission for Crafters to the Rafters for photos of my booth/products to be used in promoting this market.*

X _____ *I hereby release and forever discharge Crafters to the Rafters Inc. and CrafterstotheRafters.com and their employees/volunteers from any responsibility, claims, loss or damage.*

Full Signature: _____

*** must be signed in ink or be a registered PDF signature**

Date of Application (M/D/Y): _____

OFFICE USE ONLY:

Application Received on: _____

Accepted _____

Waitlisted _____

Declined _____

Payment Received: yes/ no

Vendor Number: _____