

Craft Fair Vendor Registration Form

TO REGISTER: Registration Date: _____

Event Date: Saturday, March 1, 2025
Event Time: 9am-1pm
Event Location: Veteran's Memorial Community Center

1. Complete the registration form and payment info below.
2. Return by mail (with payment) to:
 Attn: Chelsea Swenhaugen
 Parks & Recreation 8055 Barbara Avenue
 Inver Grove heights, MN 55077
3. You can also email this form to cswenhaugen@ighmn.gov. If you wish to pay via a credit card over the phone, please request so on this form.
4. Unless we receive payment, we will not reserve a booth space.
5. **Registration Deadline is February 1.** (or until max. capacity of vendors has been reached)

VENDOR INFORMATION: * indicate required fields. Incomplete forms will not be accepted.

*Business Name: _____ *Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 *Phone: (Home) _____ (Cell) _____
 *Email: _____ *Date of birth: _____

***PLEASE PROVIDE A DETAILED DESCRIPTION OF ITEMS SOLD:** _____

Will you require electricity? Yes _____ No _____

A fee of \$50 per table/booth space will be charged to participate, please indicate how many tables you would like to display your items: (includes an 8' banquet table and approximately 6' x 10' space to display items)

Number of tables/spaces? _____

NOTE TO PARTICIPANTS:

1. Vendors will be honored with a spot in the order an application and payment is received to avoid duplication of items. Vendors will be notified of acceptance or non-acceptance by email.
2. A release form and Operator Certificate of Compliance (State of MN ST19 tax form) is also required for your participation.
3. Your registration fee will not be refunded if you cancel your registration after the February 1, 2025, registration deadline.
4. Vendor check-in and set-up will take place from 7-8:45 a.m. the morning of the event. Details regarding set-up will be emailed to participants after the registration deadline.

Signature _____

Date _____

PAYMENT TYPE:

Pay over the phone with a Credit Card (after formal acceptance)



Check # _____ Mailed on (date): _____
 (Make payable to IGH Parks & Recreation)

TOTAL: \$ _____