

# Vendor Registration Form

# 2018

**EVENT:** ALTERNATIVE CHRISTMAS FAIR  
**LOCATION:** Hope Lutheran Church, Farmington Hills, MI, 48331  
**DATE/TIME:** Saturday November 10, 2018 10:00am-2:00pm

**Name of Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Email address of contact person or agency:** \_\_\_\_\_

An active email address is required with the submission of this registration form as all subsequent correspondence will be done by email.

**Agency web site:** www. \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Representative's name day of event:** \_\_\_\_\_

**Phone number day of event (if different from above):** \_\_\_\_\_

**We would like to know what product(s) or service(s) will be offered for purchase:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We would like to know your mission statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Set-Up: indicate space and other needs with the choices below:**

We are pleased to offer one eight foot complimentary table to all vendors, with possible second table available depending on if space allows. Location of table(s) varies year to year. All vendors should arrive between 8:30 & 9:00am on the day of the fair to ensure timely set-up. You are required to staff the booth from 10:00am-2:00pm. Locations and outlets are on a first come first serve basis we will try and accommodate everyone and their need to the best of our ability.

1. We will need a second table: YES NO  
(Second table availability will depend on the number of registered vendors)
2. How many chairs needed: ONE TWO Other: \_\_\_\_\_
3. We will need an electrical outlet: YES NO
4. Table identification sign should read: \_\_\_\_\_
5. Do you have a specific location you would like your table? (circle one);  
NARTHEX HALLWAY SANCTUARY FAMILY CENTER
6. Special needs we may help with: \_\_\_\_\_



***ACKNOWLEDGEMENT of use of funds for Stated Purpose***

As an authorized representative of the agency stated above. I acknowledge and agree that all proceeds received through participation at the Hope Alternative Christmas Fair will be used for the stated project/charitable purpose represented.

Signature of Agency Representative: \_\_\_\_\_ Title: \_\_\_\_\_

By submitting this form, we the vendor, recognize that all photos and videos produced and gathered by Hope Lutheran Church become the property of Hope Lutheran Church and can be used for Hope Lutheran Church related purposes and publicity.

**Return this form by October 01, 2018 to:**

**Hope Lutheran Church, Attn: ACF Liaison, 39200 W. Twelve Mile Road, Farmington Hills, MI 48331**  
**Church Phone: (248)553-7170 Fax: (248)553-4126 Email Address- ACF.Hope@gmail.com**