

C L O I S T E R S

Cordially Invites You to Our Annual

HOLIDAY BAZAAR

VENDORS WANTED

To Reserve Your Space

Submit the Attached Application

Friday, November 23rd

12:00pm until 5:00pm

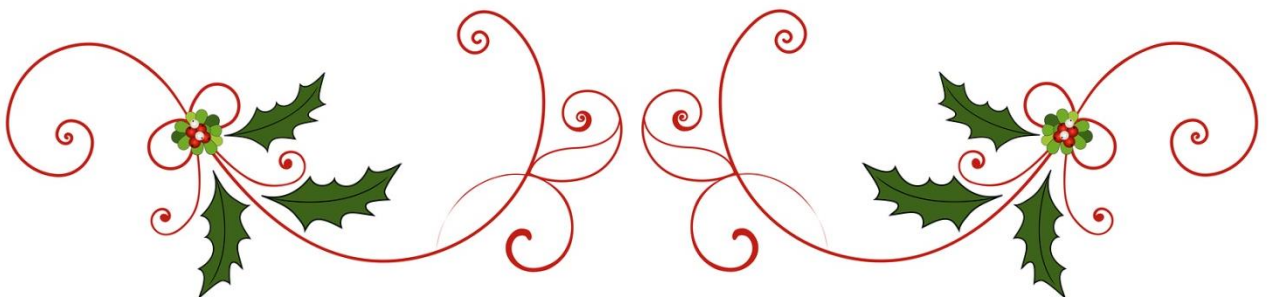
Saturday, November 24th

11:00 am until 4:00 pm

THE FINE PRINT

Space is limited! Applications will be accepted through October 17th with a confirmation of acceptance by October 23rd. When filling out your application, please indicate the number of 6' tables you would prefer along with which day(s) you would like to attend. Vendor spots cost \$50 per table, per day. Preference is given to local, homemade, handmade vendors. There is the possibility that you will be accepted for a smaller space or for not as many days as requested. Should that be the case, you will be given the option to retract your application. Any questions may be directed to Sarah Wilson at swilson@promotionandarts.org.

Thank you for interest in **The Cloisters 2018 Holiday Bazaar!**



C L O I S T E R S

2018 HOLIDAY BAZAAR Exhibitor Reservation Form

*** Please include a separate page describing the items you will be selling. ***

It can include information regarding your website or any photos you wish to share.

ALL vendors will be contacted upon receipt of this application. Thank you!

Completed registration form and payment must be received by October 17th.

PRIMARY CONTACT INFORMATION:

Business Name (if applicable): _____

Contact Name: _____

Street Address (for mailings): _____

City, State, Zip: _____

Telephone: _____

Email: _____

TABLE INFORMATION:

DATE(S) REQUESTED:

of Tables: _____ (3 table maximum)

Friday, November 23rd, 12pm – 5pm

Saturday, November 24th, 11am – 4pm

PAYMENT INFORMATION:

Cost is \$50 per table, per day. Please submit payment based on requested days and tables.

Check (made payable to “BOPA – The Cloisters)

Please mail this form along with your check to the address below.

Credit Card

Please either scan and email this form to Sarah Wilson at swilson@promotionandarts.org,
fax to (410) 823-7182 or mail to the address below.

Name on Card: _____

Exp Date: _____

Card #: _____

Security Code: _____

Signature: _____

Date: _____

Annie Applegarth | Director of Operations
aapplegarth@promotionandarts.org

Sarah Wilson | Facilities Administrator
swilson@promotionandarts.org

10440 Falls Road, Lutherville, Maryland 20193 | (410) 821-7448