LA PINE FRONTIER DAYS ASSOCIATION

PO Box 1468, La Pine, OR 97739 * (541) 536-7821 / Fax (541) 536-9311
Web: www.lapinefrontierdays.org / E-Mail: info@lapinefrontierdays.org

La Pine Christmas Bazaar

December 5 & 6, 2020 * La Pine Community Center

VENDOR APPLICATION

Name _____ **Phone** _____

Address _____

E-mail _____ **Fax** _____

Description of items for sale _____

_____

Items must be quality handcrafted or gift items. Homemade food items must be packaged and a sign displayed saying that these "items were prepared in a non-certified kitchen". Vendors preparing food on site may be required to have a Temporary Restaurant License obtained from Deschutes County Health Department 541-388-6575. It is your responsibility to check into this.

Set-up: FRIDAY, DECEMBER 4, STARTING AT 7AM– Must be set-up by NOON

Bazaar Hours : Friday, December 4 from NOON until 7PM
Saturday, December 5 from 11AM until 8-9PM. NO EARLY TAKEDOWNS
Closing time will be determined by the crowd volume after the Light Parade Awards Ceremony. (If an early takedown seems appropriate we will take a poll of the vendors to determine an early take down time.)

Spaces are 10' wide and 8' deep and the charge for each space is $65 - Electricity is available to all at no extra charge. Booths will include metal framework AND ALL VENDORS WILL BE REQUIRED TO HANG A CLOTH DIVIDER TOP OF FRAME TO FLOOR (approx. 7'). FACE COVERINGS REQUIRED AT ALL TIMES WHEN DEALING WITH CUSTOMERS. MAINTAIN A 6' PHYSICAL DISTANCE WHERE POSSIBLE. (You may sit at the back of your booth to eat without a face covering, but you MUST wear one with customers) the front rail of the booths will have garland and lights. Tables are available for rent $5.00 each; you must provide your own extension cords.

# of booth spaces _____ @ $65/each $_____
# of tables _____ @ $5.00/each $_____
TOTAL ENCLOSED $_____

I UNDERSTAND AND ACCEPT THE CRITERIA AND OBLIGATIONS LISTED ON THIS APPLICATION

*Signature*_____ *Date* _____

MAKE CHECKS PAYABLE TO LFDA AND RETURN THIS PAGE TO THE ADDRESS ABOVE

OFFICE USE: Sales Receipt # _____ Dated:_____