



**2018 Soroptimist "Holly Daze Craft & Gift Show"  
Saturday 10/27 (9-6) & Sunday 10/28 (11-4)**



**VENDOR APPLICATION**  
**Application deadline for vendors: 10/15/18.**  
**Applications received after deadline will be processed on space available basis.**

**Please complete all information. Incomplete applications will be returned for clarification. Please keep a copy of your application for your records. Management reserves the right to limit "like kind" vendors. THIS IS A JURIED SHOW. PLEASE PRINT OR TYPE CLEARLY.**

**Mail application with your check or money order to:**  
**SIPO, Attn: Sharron King, PO Box 617, Manchester, WA 98353**

Booth Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

UBI# \_\_\_\_\_ If you are not registered, please contact WSDR at 1-800-647-7706 or (360) 486-2345

Email Address: \_\_\_\_\_

Do you have a website? NO  YES  (web address) www: \_\_\_\_\_

<b>REQUIREMENTS FOR THIS EVENT</b> (**You will receive your booth assignment/packet when you arrive)		
<b>Please check size of booth you desire.</b>	<b>EARLY BIRD REGISTRATION</b>	<b>REGULAR VENDOR FEE</b>
<b>Note: All spaces are on a first-come basis .</b>	<b>BY 8/15/18</b>	<b>AFTER 8/15/1</b>
<b>Booth Size</b>		
____ 10'x10' or ____ 7'x15' (limited quantity of 7x15)	<b>Prime Hallway \$115</b>	<b>Prime Hallway \$135</b>
____ 10'x10' or ____ 7'x15' (limited quantity of 7x15)	<b>Rooms \$90</b>	<b>Rooms \$115</b>
____ Odd size (Please email/call to see what is available!)	<b>Odd Size Spaces (very limited)</b>	<b>Odd Size Spaces</b>
	____ \$75 (rm) ____ 90 (Hall)	____ \$85 (rm) ____ \$105 (Hall)

**AMENITIES REQUESTED: (Vendor is responsible for all equipment)**

\_\_\_\_ Power - Outlets are available on a first come basis with a paid application. You must provide your own 50' grounded three prong extension cord.

\_\_\_\_ Table (1 per vendor) - \$10 per tabke

Holly Daze Management reserves the right to make changes in booth location, size and display limits.

**SET UP TIME:** Friday-10/27 from 6-9PM; Saturday-10/28 from 7-9:00 AM. All vendor vehicles MUST BE moved by 9:00 AM. Please park in spaces farthest from the building at the east end of the mall.

**TEAR DOWN TIME:** No vendor shall tear down their booth prior to the closing of the event on Sunday.

**LUNCH SERVICE:** Ay Tequilal on upper level. We are working on a vendor for downstairs.

**FOOD VENDORS:** Applications will be accepted from food vendors selling baked goods, pre-packaged food, etc.

**CANCELLATIONS:** Any cancellation is subject to a \$25 handling charge **PRIOR TO 10/15/18**. There will be no refunds after the 10/15/18 cancellation date.

**Raffle Item:** Soroptimist will be holding a raffle and would appreciate each vendor donating a raffle item.

**INSURANCE:** Vendor Applicants for food item (must be packaged) and/or skin care products sales or distribution must provide a certificate of insurance covering their participation at this Event in an amount not less than \$1,000,000 liability and \$1,000,000 bodily injury naming Soroptimist International of Port Orchard and SK Towne Square as additional insured.

**HOLD HARMLESS DISCLAIMER:** Soroptimist International of Port Orchard and SK Towne Square Mall will not be responsible for loss or damage to any property (vehicle or booth). Accordingly, each vendor shall take all necessary precautions to protect property and valuables. The event facility is a secured building.

**APPLICANT: (PLEASE COMPLETE THE FOLLOWING)** Fully describe a complete listing of the products you intend to sell or display. Note that changes or additions to this statement, after submission, must be approved by the Soroptimist International of Port Orchard Holly Daze Committee. This listing helps us reduce over-saturation of the market area. If you do not enclose a product list, the application will be considered incomplete and will be returned to you. **WE DO GRANT EXCLUSIVITY FOR ANY COMMERCIAL PRODUCTS** . Please don't assume we know what you sell. **If your product is not listed here (including brand names) YOU WILL NOT BE ALLOWED TO SELL/DISPLAY IT.** Attach a separate sheet if necessary. Please include pictures of your product with your application. Thank you!

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**By signing this application, I/We agree to abide by all the rules and regulations and comply with all State and Kitsap County Regulations, including securing any required Health District permits for operation. I have read and agree to all the "Requirements for this Event."**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**INFORMATION**  
Sharron King, Email: kingcreations@wavecable.com, Phone: (360) 871-1805  
www.siportorchard.com