

Vendor Application

HARRINGTON HOMETOWN

CHRISTMAS BAZAAR

Saturday, December 1, 2018

12:00pm-5:00pm

Harrington Memorial Hall

Business / Organization Name:

Contact Name: _____

Phone Number: _____ **email:** _____

Type of goods to be sold:

Number tables/spaces needed: _____

(Approximately 8 square feet)

COST: \$20/table/space

Please make checks payable to the **HARRINGTON PTA** and mail to:
**Heather Slack, Box 455 Harrington WA 99134, or drop off at the
POST & OFFICE coffee shop in Harrington.**

**No Refunds will be given. Tables and chairs will be provided.
Doors will be open at 10:30am for vendors to set up.**

Vendor Signature: _____ **Date:** _____

*Questions? Please contact Carolyn Mattozzi @ 509-215-0158
Or email; dandc246@hotmail.com