

HOME FOR THE HOLIDAYS ENTRY FORM

BUSINESS NAME: _____

YOUR NAME: _____

ADDRESS: _____

CITY, STATE + ZIP: _____

Phone # _____

WEB ADDRESS: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY _____ or FEDERAL ID# _____
(One of the above is required for an IRS Form 1099 on a vendor earning \$600 or more.)

WASHINGTON STATE RESALE (UBI#) _____

VENDOR # _____ If you already have one, write it here. If not, I will assign one.

BOOTH RATES (please check one)

8X10 \$160__ 10X10 \$200__ 10X16 \$320__ 10X20 \$400__

DO YOU NEED TO RESERVE A TABLE 6' _____ or round _____ # _____ @ \$10each _____

Please make your check payable to Home for the Holidays LLC

Mail to: 1513 Westview Circle Lynden WA. 98264

*EACH VENDOR AGREES that Home for the Holidays LLC provides no insurance coverage. It is the vendors responsibility to obtain any insurance needed to cover losses at the event.

*EACH VENDOR AGREES TO PAY 22% COMMISSION ON ALL SALES + SPECIAL ORDERS RECEIVED DURING THE SHOW.

Date: _____

Signature: _____