



Cradles 2 Crayons

Children's Consignment Event



Vendor Agreement

Contact Name: _____ Business name: _____

E-mail Address: _____

Street Address: _____

Phone #: () _____ Alt. Phone #: () _____

Date of Event: Spring Fall Year: _____ Days planning to participate: Thurs Fri Sat

Items/Services intending to sell:

By checking the boxes below, I understand and agree to the following:

Neither Cradles 2 Crayons (C2C) nor the C2C venue will assume liability for the vendor's items

I am only allowed to sell/promote the items/services listed above.

I am responsible for my set up, including tables and chairs

All vendor fees are non-refundable 30 days prior to the event

I understand that I am only allowed to shop during operating hours excluding the volunteer sale.

Signature: _____ Date: _____

Cradles2Crayons Representative: _____ Date: _____