

THIRTEENTH ANNUAL LEAVENWORTH *CHRISTKINDLMARKT*

a Projekt Bayern sponsored event held November 28, 29, 30, 2008

BOOTH APPLICATION FORM

Name of Business (Please Print) _____

Name of Owner(s) _____

Contact Address _____

Contact Phone # _____ E-mail Address _____

Type of Business: ___ Retail ___ Non-Profit
 ___ Restaurant ___ Church
 ___ Crafter/Home-based

Payment Selection:
 ___ \$50 Booth Deposit (Part of Booth Fee)
 ___ \$150 Booth
 ___ \$250 Booth
 ___ \$100 Refundable Food Deposit
 ___ \$50 Liability Insurance Coverage

Booth Selection:
 ___ 10 ft X 10 ft
 ___ 10 ft X 20 ft

\$ _____ Deposit enclosed Check # _____ Date received _____
\$ _____ Balance due
\$ _____ Total payment enclosed Check # _____ Date received _____

Checks for booth deposit must be enclosed with Application by September 26th to reserve a booth. The balance must be paid by October 24th in order to determine your booth placement. You will be emailed when you have completed the Application process. Determination of your eligibility will be made September 26th when all applications have been received.

SEND TO: Projekt Bayern/CKM Booth Application
 P.O. Box 411
 Leavenworth, WA 98826

Please print or type a list of ALL items you will feature in your booth. Please bring only these items unless you notify us of any changes by October 24th. Pictures of your items are also helpful, if you are a new vendor.

If you have questions, please contact Julia Gerhard – Chairperson/Vendor Coordinator at (509) 548-4144, or by email at jtgerhard502@charter.net. If you have questions between September 10 and October 14, please contact Bonnie at (509) 548-5315.

PLEASE MAKE AND SEND A COPY. KEEP THE ORIGINAL.