

JINGLE MINGLE VENDOR APPLICATION

Organization/Business: _____

Primary Contact: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Secondary Contact: _____

Phone: _____ **Email:** _____

Types of Items Sold:

Please provide a brief description of the product you will be selling.

Payment:

Please return Vendor Application along with payment to:

Santa Maria Fairpark Foundation
% Jingle Mingle Holiday Market
PO Box 7104, Santa Maria, CA 93456
Email: smffjinglemingle@gmail.com

Payment Amount: \$ _____ Cash Check #: _____

For your convenience we have made our applications available online this year. You can pre-register by going to our website: www.smffoundation.org

The undersigned confirms they have read, understand, and agree to abide by the Santa Maria Fairpark Foundation, Jingle Mingle Holiday Market Rules and Guidelines, and accepts responsibility to convey this information to all persons participating in the space represented by the undersigned. (I have read and consent to the Fair's release of liability agreement, which is attached to this application).

Signature: _____ **Date:** _____

**CANCELLATIONS OR REQUESTS FOR REFUNDS
DEADLINE IS NOVEMBER 15, 2020**