



Application

10th Annual Saint Gabriel the Archangel Catholic Community
Holiday Boutique
Saturday, November 6, 2010
9:00 a.m. to 4:00 p.m.

**Please indicate size of booth, # of tables, electrical requirement
and your choices of booth location**

SAVE by registering EARLY! Deadline for all entries is October 1st.

_____ **\$50 for 5 x 10 booth space before August 1st, 2010**

_____ **\$75 for 10x10 booth space before August 1st, 2010**

_____ **\$60 for 5 x 10 booth space after August 1st, 2010**

_____ **\$85 for 10x10 booth space after August 1st, 2010**

_____ Tables x \$5.00 each = _____ Size: (please circle) 6 ft or 8ft

(Please request tables early as they are limited)

_____ Electrical Outlet: \$5.00

_____ **Total Due**

_____ Total Enclosed (Please make check payable to: St. Gabriel)

1st choice _____ 2nd choice _____ 3rd choice _____ (See attached map)

Description:

Please provide a **concise description** of what you will be selling. Only **handcrafted and home originated items** made by the exhibitor will be accepted (at least 75% of total merchandise). There will be no resale items from places such as Sam Moon and ABC Direct, etc. or direct sale companies such as Pampered Chef, Cookie Lee, Mary Kay, etc. The Holiday Boutique Committee reserves the right to determine whether goods or services are appropriate for the event.

Personal Information: Please print clearly in ink.

Your Name _____ Your Business Name _____

Address _____ City _____ State _____ Zip _____

Email _____ website _____

Phone _____ Cell phone _____

Description of Raffle Item: (\$15 value or more) _____

(Over for Release & Checklist)

Release: Release must be signed or application will not be accepted

I/We, _____, release all sponsors, clubs, organizations, or individuals involved in the St. Gabriel the Archangel Catholic Community Holiday Boutique from any liability, product or personal, for the duration of the event. I have enclosed my non-refundable booth fee. I have read the rules and I agree to abide by them. I understand that failure to comply with the rules set forth by the Committee may result in termination of this contract without recourse by the participant and the Committee shall not be liable to anyone for this action.

Signature _____ Date _____

Enclosure Checklist:

1. Application and signed release.
2. Check or money order made payable to St. Gabriel the Archangel Catholic Community.
3. Marketing information about your organization or business, i.e. brochures.
4. Business Card (to be placed next to your raffle item).
5. 2-3 colored photographs showing exact items you will be selling. This is a requirement for new and returning vendors. Photos will not be returned.
6. **Self-addressed stamped envelope. Without this, you will not receive written confirmation.**

Mail or drop above to:
Saint Gabriel the Archangel Catholic Community
110 Saint Gabriel Way, McKinney, Texas 75071
(1/2 mile east of Custer Road or 6 miles west of Highway 75 on Virginia Parkway)
(St. Gabriel's is open Monday-Thursday 9:00a - 4:30p and Friday 9a to noon)

For further information:

email holidayboutique@stgabriel.org
or leave a voice mail at 972-542-7170 x403

For Office Use Only	
Date Received _____	Booth Assignment _____
Amount Paid _____	
Table Requested: Yes _____ No _____	
Electrical Requested: Yes _____ No _____	