



***You are invited to be a Vendor at
McLean Auxiliary Spring Market 2018***

Deadline is April 1, 2018 for Application Submission

***Friday, May 4th and Saturday, May 5th
10:00am-4:00pm***

In the McLean Health Center Living Room and Lobby

***The McLean Auxiliary will be hosting a
Community Craft Show***

***Featuring great gifts for Springtime,
Mother's Day and Father's Day***

***For An Application or more information go to
www.mcleancare.org/support-mclean/mclean-auxiliary***

Or call 860-658-3710



Vendor Application for McLean Auxiliary

Spring Market 2018

Deadline is April 1, 2018 for Application Submission

Name: _____

Address: _____

City: _____ State: _____

Zip code: _____

Telephone number: _____

Email: _____

____ I am a McLean Auxiliary member and will donate an item for the white elephant table or a craft item as my contribution for exhibiting in this event. I will bring my donation to the show on Friday, May 4th.

____ At present I'm not a member of the Auxiliary but am joining for a membership fee of \$25 (check should be made out to the McLean Auxiliary and mailed with this application). When your application arrives and spaces are already filled we will return your membership fee if you so request.

Each applicant accepted will have a space containing one table and two chairs provide by the McLean Auxiliary. Tables are 5' - 8' in length and will be assigned as applications are received and approved. If you have artwork you must provide a safe and secure way to display your work. Vendors will be allowed to set up starting 8:00am each day.

I'm interested in participating in the McLean Auxiliary Spring Market and will set up by 9:45am on both days and will remain until 4:00pm.

I understand space is limited and applications will be accepted on first come bases.

I will be sure to keep my area clean and tidy and not leave anything in walkways.

I will be responsible to removal all items I brought to sell/display each night.

The McLean Auxiliary will not be responsible for any damage that may occur to your display before, during or following set up.

My display will consist of:

I have read and will abide by these rules.

Signed: _____ Date: _____

Return application and (membership check if applicable) to:

McLean Auxiliary

Att. Jane Stevenson

75 Great Pond Road

Simsbury, CT 06070

Auxiliary Use:

Date received: _____

Date Approved: _____ Not approved: _____ Reason: _____