

Artist/Vendor Application

Date	Rec			
Booth #				
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Artist/Vendor Full Name:			
Phone Number:E	Email Address:		
Address:			
City:	State:	Zip:	
Business Name:			
Type of Booth & Description: Please indicate type a	and provide descripti	on	
FoodArts/Crafts (handcrafted items	only)Flea M	arket/Swappers (all items welcome)	
Description:			
Artisan Festival/Rock N' Gem Show: June 10th & 11th (Contact Dale Fure to sign up for this Art Fest/Rock Show 612.708.8279 *You will pay him directly)	Bloodsuck	aug 12th & 13th er's Bash Car & Bike Show: '*Art Fest Sept 9th & 10th	
Art Fest/Knap-In & Primitive Arts Gathering: July 8th & 9th	Art Fest/F	Flea Market: Oct 14th & 15th	
All spaces are approximately 14' x 14'. Tables/chairs regarding preference for space locations.	s/canopies are not p	rovided . There are no guarantees	
Please sign to acknowledge that you have read all content.	of the information,	rules, and regulations and agree to its	
Signed:	Dat	e:	

Applications MUST BE RECEIVED 10DAYS PRIOR TO THE EVENT FOR WHICH YOU ARE APPLYING and will be accepted with payment rendered to: Hairy Mosquito Trading Co. 21287 Hwy 169, Milaca MN 56353. Payments may also be made via PayPal to david_ziemke@hotmail.com For more information, contact Angie Johnson at 320.983.5240 or by email: hairymosquito@hotmail.com

Number of Spaces ______ Total Amount ___