

**Children's Miracle Network Hospitals
2019 Holiday Miracle Market Vendor Application**

Name of Business/Product

Your Name

Phone

Email

Address

City

State

Zip

Vendor product:

List all types of product you will have at your booth. *Candles, jewelry, purses, hats, etc.*

Website:

Please provide a link to your website/social media where your items may be viewed.

Booth Description:

Describe your booth setup or include a diagram. Please indicate display pieces you will bring.

Do you wish to have electric and if so what will it be used for:

Have you participated in Miracle Market before? If yes, when?



Price Range:

Please share your price range of goods and products.

Business Description:

Please provide a brief biography about your business including why you would like to participate in Miracle Market. This information will be used in publicizing the event.

Would you like to be included on the waitlist if vendor pool is full?

Yes

No

Other Special Requests:

