

**Children's Miracle Network Hospitals
2022 Holiday Miracle Market Vendor Application**

Name of Business/Product: _____

Your Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Please know that in providing this information it does not guarantee that it will be
accommodated. Spacing and electric for booths are limited.

Vendor Product:

Please list all types of products you will have at your booth, i.e. candies, jewelry, purses, hats, etc.

Price Range:

Please provide the price range of your goods or products.

Website:

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

Booth Description:

Describe your booth set up, measurements and include a diagram. Indicate display pieces you will bring.

Do you need electric? If so, what will it be used for?

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



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 the vendor pool is full?

- Yes No

Other Special Requests:

In submitting this application, I understand that if chosen I will be donating 20% of my sales or \$400, whichever is greater, at the end of the market to Children's Miracle Network.

Signature

