

FITZGIBBON HOSPITAL
AUXILIARY VOLUNTEERS'

59th ANNUAL
Holiday
BAZAAR
and VENDOR FAIR

The Fitzgibbon Hospital Auxiliary will host its Annual Holiday Bazaar & Craft Fair on Friday, November 15, 2024, at the Martin Community Center in Marshall, Missouri. We invite you to apply to become one of the vendors at this celebrated community event!

GUIDELINES:

Since 1966 the Auxiliary has been committed to raising funds and generating volunteer services to support the mission of Fitzgibbon Hospital. Proceeds from our fundraisers support scholarships, continuing education, and department wish lists.

Booth space will be allocated & assigned on a first-come, first-serve basis. Vendors are required to bring their own equipment. Booth space is roughly 8' x 8', and include 1 table & 2 chairs. Vendors are responsible for additional supplies and equipment.

Vendors are responsible for processing and collecting their own sales transactions.

Set up is open starting at 8:15 am on 11/15/24. Vendors sales will be from 3:00pm - 8:00pm. Clean up must be completed by 10:00pm that evening.

Holly Days is scheduled for November 16th, approved vendors have the opportunity to set up once for both events. (For more information on *Holly Days* contact Brittni Burton, 660-886-1805.)

Booth rental fee is \$40; please include payment with application. You can mail a check or submit payment via PayPal by emailing FitzgibbonAux@gmail.com, & we will send you an invoice. Payment will be returned if you are not selected.

The Auxiliary reserves the right to reject any applications not pursuant to our organization and event standards. By completing an application, Vendor agrees to conduct themselves with the highest standard of professionalism. Compliance violations would be considered a breach of contract.

For more information, contact:

Rachel Hayworth, *Auxiliary Secretary*
660-631-3972

or

Rachel Miles, *Volunteer Coordinator*
660-631-1228



VENDOR APPLICATION:

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

What type(s) of merchandise will you have for sale?



Do you require a location near an electric outlet? _____ (These spaces are limited and will be assigned in the order applications are received.)

I have read and agree to abide by the guidelines provided. I have included payment for \$40 payable to Fitzgibbon Auxiliary. I understand if my business is not selected, my money will be returned.

Vendor shall indemnify and hold harmless the Auxiliary from and against any and all demands, claims, suits, damages, losses & liabilities of any nature, directly or indirectly arising out of or in connection with participation in the Holiday Bazaar.

SIGNATURE: _____ DATE: _____

Return to:
Fitzgibbon Hospital Auxiliary Volunteers
2305 S. 65 Highway
Marshall, MO 65340
FitzgibbonAux@gmail.com