44th ANNUAL SEMINOLE NATION DAYS
SEPTEMBER 14-15-16, 2012

VENDOR APPLICATION

(No Refunds Rain or Shine)

DATE:_____ DATE REC'D SN:_____

NAME:_____ PHONE:_____

NAME OF BUSINESS:_____ CELL #:_____

MAILING ADDRESS:_____ CITY/STATE/ZIP:_____

Are you a Seminole Nation Tribal Member: __Yes __No. Have you had a booth at our celebration? ___Yes ___No

What type of booth do you have: ___ Food ___Handmade/Handcrafted American Indian Arts/Crafts

___Manufactured/Imported Items ___ Family/Tribal Band ___ Other (Tribal Program, Organizations, Informational)

WHAT WILL YOU BE SELLING (be specific). Selection of Arts & Crafts booths will be based upon type and quality of sale Items. Handmade Seminole/American Indian Crafts receive priority. List your menu of food items.

_____

_____

_____

WHAT TYPE OF SET-UP DO YOU HAVE (**be specific**):_____

_____

_____

WHEN WILL YOU BE SETTING UP (**Date and time**)_____

I have read and understand the Seminole Nation Days Vendor Rules and Regulations. By signing this statement, I acknowledge that I will abide by these rules and regulations. I will keep my signed copy of the rules in my booth.

Signature:_____ Date:_____

The SN Days Vendor Committee reserves the right to review and refuse acceptance of any application provided that good cause is shown. **Application and fee must be received by Friday, August 24th (no postmarks)**. Confirmations for accepted applications will be mailed on or by September 5.

Vendor Fees for Arts & Crafts (15 ft. by 20 ft. booth space):
$_____ Tribal Member $_____ Non-Tribal Member $_____ Mfg./Imported Items $_____No Electricity

Vendor Fee for Food Concession (15 ft. by 20 ft. booth space):
$_____ Tribal Member $_____ Non-Tribal Member $_____ No Electricity

Return application to: **Seminole Nation Days Vendor Committee, P.O. Box 1498, Wewoka, OK 74884**. Payment must accompany completed application. Check/Money Order payable to: SEMINOLE NATION DAYS. For information call: 405.257.7241.