

Vendor Registration Form

VENDOR INFORMATION

BUSINESS NAME				
FIRST NAME OF PRIMARY CONTACT	LAST NAME OF PRIMARY CONTACT			
PHONE NUMBER	EMAIL ADDRESS			
MAILING ADDRESS (P.O.BOX, STREET ADDRESS)				
CITY, PROVINCE	POSTAL CODE			
ARE YOU FROM KAHNAWAKE?	IF INDIGENOUS, PLEASE IDENTIFY THE NATION/GROUP YOU BELONG TO & THE COMMUNITY YOU ARE FROM			
☐ I am from Kahnawake ☐ I am from a different Kanien'kehaka community ☐ I am Indigenous from a different community ☐ I am not Indigenous				
VENDING HISTORY				
HAVE YOU BEEN A VENDOR AT A KMF EVENT BEFORE?	LAST KMF EVENT YOU PARTICIPATED IN?			
☐ Yes ☐ No				

PRODUCT INFORMATION

WHAT TYPES OF PRODUCTS WILL YOU SELL? (CHECK ALL THAT APPLY)					
 □ BEADWORK □ POTTERY □ BASKETRY □ WOODWORK □ PAINTINGS, PRINTS, OR OTHER WORKS OF ART □ HANDMADE JEWELRY □ SEWING & QUILTWORK 		 □ KNITWORK □ BAKED GOODS □ PRESERVED FOODS □ CANDLES, SOAPS, OR OTHER SELF-CARE PRODUCTS □ CUSTOMIZED ITEMS □ OTHER 			
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PRODUCTS					
LINKS TO SOCIAL MEDIA (FOR US TO SHARE ON SOCIAL MEDIA)					
INSTAGRAM					
FACEBOOK					
WEBSITE					
VENDING SPACE *VENDOR SET UP OPENS AT 8:00 AM. THE EVENT STARTS AT 10:00 AM					
NUMBER OF TABLES REQUIRED		NUMBER OF CHAIRS REQUIRED			
One(1) table (\$50.00) Two (2) tables (\$100.00)					
OTHER SPACE-RELATED REQUESTS (CLOSE TO AN OUTLET, ETC.)					
PAYMENT					
PREFERRED PAYMENT METHOD: (payments are due Monday April 15th, 2024) Cheque made out to "Kateri Memorial Foundation" In cash Credit or Debit Card			dation"		
I AGREE TO DONATE AN ITEM (APPROXIMATE \$20 VALUE) TO BE RAFFLED				☐ I Agree	
I HAVE READ AND AGREE TO THE KMF VENDOR GUIDELINES			☐ I Agree		