Thank you for registering as a vendor for the 5th Annual BSAC Craft Fair! All are welcome to participate! **Vendor fees will go to support Bellingham Senior Activity Center Programs**

Name:_____

Phone #:_____ E-mail:_____

Exhibit Space: (1)10x10 foot space. **Vendors provide their own tables/chairs/displays/etc.**

Type of Vendor

_____ BSAC Member $30

_____ Community Members $65

_____ I would like to be a part of the BSAC booth by donating items to be sold in support of BSAC. Please bring any items to be donated to BSAC prior to November 14.

Description of products you will be selling:_____

_____

_____

_____

_____

Preferred Set-up Time:

- ☐ Friday 11/13 2-4pm
- ☐ Saturday11/14 8-9:45am

Payment and Cancellation Information: Application including payment must be received by October 31, 2025. Registration may close earlier due to space. Place at event is not secured until signed application & payment has been received. There will be no refunds given.

RULES AND REGULATIONS

1. Fall Craft Fair Pop-up! hours are Saturday November 14 from 10:00am to 3:00pm. Please be ready for customers at least 15 minutes before opening. Tearing down early is not allowed. Vendors that leave early will not be asked back to subsequent events.
2. Set up times are available Friday, November 14 from 2:00 pm-4:00 pm and/or Saturday, November 15 from 8:00 am – 9:45am.
3. Placement of vendor will be at the discretion of organizers as there is no bad spot at this location. 😊

4. Organizers reserve the right to limit the number vendors in any category to make sure there is a good variety for shoppers. Our goal is that everyone is successful. If your category is full we will offer a refund.
5. Please sell items and/or services that are appropriate. If you are not sure, please call or e-mail Molly at 360-733-4030 ext 1020 or msimon@whatcomcoa.org

WAIVER AND ACCEPTANCE INFORMATION (signature required):

I/We agree to assume all risk associated with participating in this Fall Craft Fair Pop-up! the effects of the weather and any other loss, cost, or damage. Having read this release and in consideration of the acceptance of my fee, I/we agree to waive, release and hold harmless the Whatcom Council on Aging directors, officers, employees, and any other sponsors, workers or volunteers from any and all claims, liabilities, demands, damage, loss, cost and expense, of any kind, arising out of my/our participation in this event.

I/We have read and agree to the waiver information above and will abide by the rules and regulations of the Fall Craft Fair Pop Up!

Signature:_____ Date:_____

Mail completed form and a check payment to: WCOA

Attn: Molly Simon

315 Halleck St

Bellingham WA 98225

For questions/further info: e-mail Molly Simon at msimon@whatcomcoa.org or call 360-733-4030 ext 1020