

JUNIOR LEAGUE OF ODESSA, INC.

MERRY MARKETPLACE MERCHANT APPLICATION

Company Name: \_\_\_\_\_

Booth Name for printed material and sign: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

List two other shows you have participated in and the year of said show:

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you participated in a previous Merry Marketplace? \_\_\_\_\_ When? \_\_\_\_\_

Please give a brief description of your merchandise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide photographs and/or samples of your merchandise along with the completed application. Photos of your booth set up in other shows would suffice! (If you were in the 2017 show, there is no need to send samples.)

Price range of goods sold: \_\_\_\_\_ Will you be serving food? \_\_\_\_\_

Booth size desired: 10x10 \$800 \_\_\_\_\_ 10x20 \$1600 \_\_\_\_\_ 10x30 \$2400 \_\_\_\_\_ End Cap +\$300

**\*\*End Caps will be assigned on a first come-first served basis.**

PROOF OF LIABILITY INSURANCE WILL BE REQUIRED IF CONTRACT IS OFFERED. EACH MERCHANT IS REQUIRED TO DONATE AN AUCTION ITEM(S) FOR THE PREVIEW PARTY. Details will be explained in the contract.

---