Vendor Application

Salish Kootenai College Pow Wow
May 12 -13, 2017
Joe McDonald Health and Fitness Center

Vendor Information

Name: _____ Date: _____
Cell Phone Number: _____
Email: _____

Type of Merchandise check all that apply (Sorry No Food Vendors):

Jewelry ☐ Paintings ☐ Pottery ☐ Clothing ☐ Beadwork ☐ Other* ☐

*other, please describe: _____

Space Information:

Single Space, Top Section	☐	$75* (1 6ft table with 2 chairs, first come first served no saving spaces)
Single Space, Lower Section	☐	$50* (1 6ft table with 2 chairs, first come first served no saving spaces)
Walking Vendors	☐	$10 per session (vendor badge must be visible when walking around)
Extra Table	☐	$10 (each space can accommodate 2 tables if you need more than 2 tables you must pay for an additional space)

*Price includes both days, no daily rate on single space
Set-up begins at 3:00 PM on 5/12/2017

Total $ _____

Make checks payable to: SKC AIBL
C/O Tina Begay
PO Box 70
Pablo, MT 59855

Date Application received: _____
Date Payment received: _____
AIBL Officer Signature _____ Date _____