



Junior Board OF CHRISTIANACARE

**2025 VENDOR APPLICATION**

**NAME OF EXHIBITOR/BUSINESS:** \_\_\_\_\_

**CONTACT INFORMATION**

NAME:

\_\_\_\_\_ (FIRST) \_\_\_\_\_ (LAST)

ADDRESS:

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

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PREFERRED CONTACT METHOD:  EMAIL  TEXT  CELL

Describe your product line, including specific type and general price points below. List any extra display items you use, such as racks, display cases, etc.

**VENDOR STATION REGISTRATION**

The Christiana Hilton will provide tablecloths and two chairs per vendor, as well as 8' tables, upon request.

**CHECK YOUR CHOICE(S):**

- SPACE FOR ONE TABLE @\$150
- SPACE FOR TWO TABLES @ \$200
- SPACE FOR THREE TABLES @ \$250
- ELECTRICITY NEEDED FOR MY SPACE
- WILL SUPPLY MY OWN TABLES
- REQUEST \_\_\_\_\_ TABLE(S)

THE DONATION THAT I MAKE TO THE JB CAUSE RAFFLE WILL BE:

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

VALUED AT

\$		.
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SEE IN-KIND DONATION FORM

**PAYMENT DETAILS**

ALL CHECKS PAYABLE TO JUNIOR BOARD OF CHRISTIANA CARE, INC. **DEADLINE TO RETURN YOUR APPLICATION AND PAYMENT IS MARCH 14, 2025.**

**MAIL APPLICATION AND CHECK TO:**

Kaye Crouch, 614 Loveville Rd., B2-I, Hockessin, DE 19707

Any questions, please call Kaye Crouch at 302-239-2391 or email at [kaye.crouch614@gmail.com](mailto:kaye.crouch614@gmail.com) or visit our website [christianacare.org/JBCause](http://christianacare.org/JBCause).

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_