



## A GERMAN INSPIRED HOLIDAY MARKET GIFT PRODUCT VENDOR APPLICATION

Space is Limited: Apply Now

Applications will be accepted on a case-by-case basis based on availability and type of product

## WHEN

**November 24-December 23, 2017**

FREE Admission

Opening Day 5 pm – 10 pm

Monday-Thursday Noon – 8 pm

Friday-Saturday Noon – 10 pm

Sunday Noon – 6 pm



## ABOUT

### RATED TOP 10 TRADITIONAL GERMAN OUTDOOR CHRISTMAS MARKET IN US

75+ Gift Product and Food Vendors

Monthly or Weekly Rental Options

German-style huts or tents

50,000 visitors • 29 States • 11 Countries

Warming Haus – for gathering with friends & family or corporate parties

German & Holiday Entertainment • Santa Haus  
Lantern Parade • Children's Activities & More!

**CONTACT**  
**Barbara Kovacevich**  
Arlington CVB  
Dir. of Special Events  
817.704.7613  
barbara@Arlington.org

**Marsha Singer**  
The Dallas Directory  
Event Coordinator  
214.384.3349  
wmrsinger@aol.com

**Txchristkindlmarket.com**  
**#TXChristkindlMarket**



# GIFT PRODUCT VENDOR APPLICATION

**Nov 24-Dec 23, 2017**  
**Limited Space • Apply Now**

**For Office Use Only**

Received Date \_\_\_\_\_

Single Double C W

Name \_\_\_\_\_

Business Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Vendor On-Site Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Have you been a Vendor in past Christkindl events? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_

Tax ID # \_\_\_\_\_

\_\_\_\_\_ Please send Fliers \_\_\_\_\_ (#) \_\_\_\_\_ Please send electronic flier

**MERCHANDISE TO BE SOLD**

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Apparel/Adult    | <input type="checkbox"/> Apparel/Child       | <input type="checkbox"/> Apparel/German         | <input type="checkbox"/> Art           | <input type="checkbox"/> Candles         |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Christmas Decor     | <input type="checkbox"/> Collectibles/Figurines | <input type="checkbox"/> Cuckoo Clocks | <input type="checkbox"/> Dolls/Acc       |
| <input type="checkbox"/> Ethnic           | <input type="checkbox"/> German Collectibles | <input type="checkbox"/> Glass/Crystal          | <input type="checkbox"/> Home Acc      | <input type="checkbox"/> Jewelry/Art     |
| <input type="checkbox"/> Jewelry/Fine     | <input type="checkbox"/> Lace/Silk Items     | <input type="checkbox"/> Metal                  | <input type="checkbox"/> Music/CD      | <input type="checkbox"/> Nativity Scenes |
| <input type="checkbox"/> Ornaments        | <input type="checkbox"/> Paintings           | <input type="checkbox"/> Photography            | <input type="checkbox"/> Sculpture     | <input type="checkbox"/> Soaps/Lotions   |
| <input type="checkbox"/> Wooden Crafts    | <input type="checkbox"/> Other (specify)     |   |  |  |

1. Are you the artist creating the artwork/merchandise to be sold? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If yes, what do you do to create the work? \_\_\_\_\_
3. What percentage of the items are: \_\_\_\_\_ Created \_\_\_\_\_ Resale
4. Attach a separate sheet of paper that lists the items to be sold with prices and descriptions, and indicate what items are created by you and what items are for resale.
5. Provide representative photos of all merchandise for sale during the Market even if you have previously submitted them.
6. Vendors serving as independent consultants for a larger corporation or selling services or products with brand names or corporate logos must apply as a sponsor.

**BOOTH RENTAL FEES:**

SIZE	√	MONTHLY	√	WEEKLY
Single (8'x8')		\$2000		\$775
Double (8'x16')		\$3,000		\$1,050
Other (TBD)		\$TBD		\$TBD
For weekly booth, select 1-3 weeks		Nov 24-30		Dec 1-7
		Dec 8-14		Dec 15-23

**TYPE OF HUT/TENT:**

\_\_\_\_\_ Counters \_\_\_\_\_ Walk-In

**DEPOSIT:** Vendor must submit a separate check in the amount of \$250.00 as a deposit. The check for the deposit will be returned at the end of the Market as long as Vendor adheres to the rules and regulations of the Market.

\_\_\_\_\_ Check enclosed \_\_\_\_\_ Place deposit amount on credit card; form attached

Upon successful completion of the Market: \_\_\_\_\_ Shred deposit check \_\_\_\_\_ Return deposit check

**TABLES AND CHAIRS:** Vendors may provide their own tables and chairs or rent them from the Market. Please indicate the number of tables and chairs you would like to rent.

\_\_\_\_\_ x \$20 = \_\_\_\_\_ 6' Tables \_\_\_\_\_ x \$5 = \_\_\_\_\_ Chairs

**ELECTRICITY:** Please list all electrical equipment you will be using during the Market. Please specify total amperage and voltage needed per outlet. Each booth is provided with one (1) complimentary 120v, 20-amp electrical outlet.

Device	Amps	Device	Amps

**FEE GRAND TOTAL:**     \$ \_\_\_\_\_     **Submit check/money order or Credit Card payment form**

**SENIOR AND MILITARY DISCOUNTS:** Please let us know if you are interested in providing a discount to seniors and current or former military (with military I.D.). Discounts can be for any amount, valid on a particular day of the week or every day and does not need to be limited to seniors or military.

\_\_\_\_\_ Yes                    \_\_\_\_\_ No                    \_\_\_\_\_ Not Sure

If yes, please describe discount terms and conditions of the discount (including senior, military or both): \_\_\_\_\_

**LANTERN PARADE:** The children’s Lantern Parades recognize St. Martin, a Roman soldier during the 4<sup>th</sup> Century, who tore his cloak in half late one evening to help a beggar. Today, children light lanterns in the evening in search of St. Martin while recognizing his work for the poor. Please let us know if you are willing to donate an item for approximately 60 children participating in the Lantern Parade. It can be anything such as candy, pencil, ornaments, coloring pages, trinket, etc.

\_\_\_\_\_ Yes                    \_\_\_\_\_ No                    \_\_\_\_\_ Not Sure

If yes, please describe the item to be distributing: \_\_\_\_\_

**OVERNIGHT ACCOMMODATIONS:** A variety of overnight accommodations are available to Vendors, including limited-service and full-service hotels/motels, RV Parks and other. Please let us know if you are planning on staying overnight in Arlington and what your needs are so we can provide you with more information.

\_\_\_\_\_ Yes, please send me information                    \_\_\_\_\_ No, I will not be staying overnight                    \_\_\_\_\_ Not Sure

If yes, please tell us more about your stay:

Dates of Stay: \_\_\_\_\_

Type of Accommodation: \_\_\_\_\_ Full-Service                    \_\_\_\_\_ Limited-Service                    \_\_\_\_\_ Motel  
 \_\_\_\_\_ Extended Stay                    \_\_\_\_\_ RV Park                    \_\_\_\_\_ Other \_\_\_\_\_

Type of Room: \_\_\_\_\_ Single Bed                    \_\_\_\_\_ Double Beds                    \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ # of People per Room

<b><u>REQUESTS/COMMENTS</u></b>
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**AUTHORIZATION:** In connection with the Texas Christkindl Market to be held Friday, November 24 – Wednesday, December 23, 2017 held in a location adjacent to Globe Life Park, Arlington, Texas (“Texas Christkindl Market” or the “Market”), Vendor agrees that it shall abide by and that Vendor’s participation in the Market is subject to all of the terms and conditions of the “Gift Product Vendor - Rules, Regulations and General Information” attached hereto and made a part hereof for all purposes, and Vendor represents and warrants that Vendor has read and understands the same. Vendor also acknowledges that submission of Application does not guarantee acceptance into Texas Christkindl Market.

Signature

Print Name

Date



# GIFT PRODUCT VENDOR PAYMENT FORM

Name of Business: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount Due: \_\_\_\_\_

E-Mail Address for Paid Invoice: \_\_\_\_\_

**Credit Card**

Please check the appropriate credit card and provide the necessary information along with a signature.

American Express       Discover       MasterCard       Visa

Credit Card Number

Expiration Date

/

CSV

I authorize the Arlington Convention & Visitors Bureau to charge my credit card in the amounts stated above according to the dates in my payment plan.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Send your completed form to:**  
Arlington Convention & Visitors Bureau  
ATTN: TEXAS CHRISTKINDL MARKET  
1905 E. Randol Mill Road  
Arlington, TX 76011  
Fax to (817) 265-5640  
Email to [barbara@arlington.org](mailto:barbara@arlington.org)

For questions please call  
Barbara Kovacevich at (817) 704-7613 or  
Marsha Singer at (214) 384-3349