



# Merrimack Valley Quilters Guild

PO Box 566  
Haverhill, MA 01831

[www.mvquilters.org](http://www.mvquilters.org)

*Encouraging the art of quilting in the Merrimack Valley*

## VENDOR APPLICATION FORM

### STARSTRUCK QUILT SHOW 2022

**Friday September 30, 2022 & Saturday October 1, 2022**

**9am to 4pm**

**Hope Community Church,**

11 Hale St, Newburyport, MA 01950

Space is limited and will be assigned based on registration and receipt of payment.

Please return this form and fee no later than June 30, 2022. Once your application and payment is received a confirmation email will be sent.

Name of Applicant: \_\_\_\_\_

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

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

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

#### REQUIREMENTS:

\_\_\_\_\_ 10' x 10' space with 8' table and 2 chairs \$100.00

\_\_\_\_\_ 15' x 10' space with 8' table and 2 chairs \$150.00

\_\_\_\_\_ Additional 8' table \$15.00

\_\_\_\_\_ I will need access to electricity (please bring extension cord)

\_\_\_\_\_ Total amount enclosed



# Merrimack Valley Quilters Guild

PO Box 566  
Haverhill, MA 01831

[www.mvquilters.org](http://www.mvquilters.org)

*Encouraging the art of quilting in the Merrimack Valley*

Check is payable to **MVQ** (remittance is non-refundable).

**Send check and completed form to Lolly Wigall at 733 Turnpike Street, Suite 292, North Andover, MA 01845.**

Please remember to enclose your business card for a complimentary ad in our show brochure.

I, the applicant named above, have read and agree to the terms of this application to participate in the Starstruck Quilt Show on September 30, 2022 and October 1, 2022.

To the extent permitted by applicable law, the signatory of this application releases the Merrimack Valley Quilters and its affiliates, including but not limited to its members, employees, agents, and representatives from any and all liability, damage, loss, cost or expense incurred by the releasing party (whether or not due to negligence or other acts or omissions of the person so released) to the extent such liability, damage, loss, cost or expense is paid to the releasing party by an insurer under any applicable insurance policies.

---

Signature of Vendor Representative

Date:

For internal use: Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check# \_\_\_\_\_