

*Christmas Boutique
Vendor Application*



Company Name (If applicable): _____

Your Name/Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____

Email: _____

Did you participate in 2017? YES NO *(Please circle one)*

What merchandise will you sell? _____

Price Range: _____ What size table will you need? 6-foot 8-foot *(Please circle one)*

You will be contacted by Nicole Rivera if you are approved as a vendor, at which time payment will be required.



Immanuel

Immanuel Baptist Church

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