

Artist/Artisan Vendor Application

Please Circle One

Artist/Vendor

Artisan Food/Wine Vendor

Please provide a narrative of what it is you will be displaying/selling ?

_____ (Deadline May 31st, 2020)

Name (Please Print) Date of Application

Phone Number

Vendor Space Requested 10X10 _____ (\$25) 10X20 _____ (\$50)
(Space only. Tables not provided)

Please check one: Check Enclosed _____ Paid Online _____

Contact Janeen Reding
541-215-5868 (cell)
Email/Fax/mail applications: janeenreding@chiwest.com
Fax 541-278-6567
2801 St. Anthony Way * Pendleton, OR* 97801

Checks should be made out to St. Anthony Hospital Foundation. Online payments may be made at: <https://www.sahpendleton.org/donate> Please make sure enter "Art Walk Vendor Space" and your name in the comments section.