



Mail or bring to Amazing Creations at 82 S.W. 5 Ave. Delray Bch., FL. 33444

Vendor Application _____ attention Vanessa

Applicant's Name: (Last, First) _____

Organization/Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Type of Booth: (Please check the appropriate box and give a brief description of the items you are planning to sell).

Food _____

Arts and Crafts _____

Non Profit _____

You must include proof of non profit status for current year.

Others (Please Specify) _____

Signature: _____ Non-Refundable Amount Enclosed: \$ _____

For Roots office Use Only... Please Do Not Write In This Box

Assigned Space(s) # _____ Amt Paid \$ _____ Date Paid: _____

Checked Cleared _____

Form of Payment: (Please Check) Money Order Cash