



Dear Artists, Crafters, and Artisans,

Thank you for your interest in the 2025 St. Paul Christmas Market – we look forward to seeing you there! Please read the information below before submitting your application. You can use the application form in this document, or **apply and pay online at stpaulkofc.org/market-vendor**.

VENDOR INFORMATION & TERMS

Event Location	St. Paul the Apostle Catholic Church 2517 Horse Pen Creek Road Greensboro, NC 27410 <i>Event is indoors – located in the St. Paul Parish Life Center Gym</i>
Event Hours	Saturday, December 6, 2025 from 8:00 AM to 2:00 PM (one day only)
Vendor Hours (Set-up, Show, & Take-down Times)	Set-up: Friday, Dec 5 from 3:00 PM to 8:00 PM Event Access: Saturday at 7:00 AM (prior to event) Take-Down: Saturday from 2:00 PM to 3:00 PM - <i>please no early take-downs!</i>
Booth Fees & Information	<ul style="list-style-type: none"> • Booth Fee \$40.00 – <i>includes 8 ft table</i> • Parishioner Fee \$35.00 – <i>available to all parishes within the Charlotte Diocese</i> • Booth Dimensions 10 x 10 feet – <i>may vary slightly due to layout restrictions</i> • Number Booths 46 spaces available – <i>maximum 2 per vendor</i> • Power (120v) \$10.00 – <i>limited availability</i> • Free-standing exhibits only – <i>nothing may be attached to walls or floors</i> • Tables should be skirted / covered to floor on front & sides – <i>skirts not provided</i>
Food & Beverages	Food, snacks, and beverages will be available for purchase at our snack bar.
Contact Info	Email: market@stpaulkofc.org Phone: (336) 707-6118 (Jim Marmion)
Terms & Conditions	<ul style="list-style-type: none"> • Applications considered in order received until all spaces are filled. • Space must be used by accepted vendor – no transfers without prior approval. • Full payment must be included with application; refunds are not available. • Please include up to three (3) current photos of your products with application. • Hand-created products only (using necessary tools, components, and supplies). • No buy-to-sell, MLM, imported, mass produced, or kit items allowed. • Family-friendly event – no off-color, suggestive, or similar items allowed. • Vendor must be present by 7:30 AM on event day or booth will be forfeited. • Booth must be open and staffed at all times during event. If you are alone and need a break, let us know and we will provide a temporary stand-in. • Smoking is strictly prohibited at event location. • No overnight security will be provided; building will be closed and locked. • Event is one day only, any items remaining after take-down will be donated.

St. Paul Christmas Market Charity Fundraising Event

2025 Vendor Application

To complete this application on your computer, use the free Adobe Reader app or open in your web browser

Name: Email:

Diocesan Parishioner? ☐ YES ☐ NO Your Parish:

Business Name: Phone:

Mailing Address:

Description of products *(please include 3 photos)*:

Do you agree to donate one of your items for our charity raffle? ☐ YES ☐ NO

Choose Booth and Options:

☐ **Standard Booth: \$40.00** Includes free 8ft table - ☐ check here to decline table

☐ **Parishioner Booth: \$35.00** Includes free 8ft table - ☐ check here to decline table

☐ **Power to Booth: \$10.00** Available to perimeter booths only

Total Amount Enclosed: \$

Payment is due with application, make check payable to: **St. Paul Knights Council 13236**

Mail or hand-deliver this application with product photos and check or money order to:

**St. Paul Christmas Market
2715 Horse Pen Creek Rd.
Greensboro, NC 27410**

By submitting this application I agree to participate in the St. Paul Christmas Market on December 6, 2025. I agree to all terms and conditions specified in the application package and I hereby release and discharge St. Paul the Apostle Catholic Church and Parish, all St. Paul employees, Knights of Columbus Council 13236, and all persons connected with the preparation, planning, management, presentation and/or other activities involved with or connected to this event from any and all liability for any damages, injuries, losses, or claims connected to or resulting from this event.

Signature:
Sign or type your first & last name in this field

Date:
MM/DD/YY