

**St. Theresa the Little Flower Catholic Church**  
**11001 Dorchester Road, Summerville SC 29485**  
**843-875-5002 [stlf@charlestdiocese.org](mailto:stlf@charlestdiocese.org)**

## **2023 FALL FAMILY FESTIVAL**

**Saturday, September 30, 2023, from 9:30am-4:00pm**

### **VENDOR INFORMATION/INSTRUCTIONS**

- Each vendor space is \$40 and is approximately 10 ft. x 10 ft.
- Each vendor is to provide an item valued at \$20 from their inventory for our Silent Auction.
- Each vendor must supply their own table, tent, canopy, chairs, extension cords, and hot-spots.
- Vendor spaces will not be guaranteed until we receive: \$40, a completed, signed “*Vendor Registration*” form, a “*Hold Harmless Indemnity*” form, and a \$20 item for our Silent Auction.
- There are no indoor vendor spaces. This is an outdoor event.
- St. Theresa’s is not responsible for any loss, theft, damage, or injury occurring on the property; and, reserves the right to deny participation to vendors not complying with event requirements.
- Completed, signed forms, payments, and Silent Auction items are due no later than COB Wednesday, September 20, 2023.
- Payments can be made by cash or check written to: “*St. Theresa Catholic Church*” with “*Fall Festival*” in the Memo Line. Payments by credit card [Visa or MasterCard] have to be made at the Parish Office by Greg or Nina, only. Call the Office to ensure they are there to help you.
- Forms, payments, and Silent Auction items are accepted at St. Theresa’s Parish Office (address above). Hours are Monday – Thursday 9:30am – 3:00pm and Friday 9:30am – 12:30pm.
- Questions: Contact Nancy Kuffel @ 843.607.2631 or at [nkuffel@charlestdiocese.org](mailto:nkuffel@charlestdiocese.org)

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**VENDOR REGISTRATION FORM**

**[Please print when completing this form.]**

Date: \_\_\_\_\_

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

Vendor/ Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Describe Item/Service You Will be Selling: \_\_\_\_\_

\_\_\_\_\_

Describe Silent Auction Item You Will Be Donating: \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

Do you require access to electricity: \_\_\_\_\_ Number of 10 x 10 Spaces Needed: \_\_\_\_\_

Other Request(s): \_\_\_\_\_

\_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_ If Check, check #: \_\_\_\_\_