2026 CMH VSO Fall Vendor & Craft Fair
Exhibitor Application

Community Memorial Hospital

Pine/Oak/Maple/Birch Rooms (Ground Floor)
512 Skyline Blvd, Cloquet, MN 55720

Event Hours

Friday, October 16th — 9am-2pm
Saturday, October 17th — 9am-2pm

Exhibitor Set-Up Hours

Thursday, October 15th — 4pm-6pm
Friday, October 16th & Saturday, October 17th — 8am-9am

Please join us for our 2026 VSO Fall Vendor & Craft Fair, organized by the CMH Volunteer Services Organization. The CMH Volunteer Services Organization has had the privilege of serving the hospital and our community for over 50 years! The proceeds from this fundraiser will fund local healthcare scholarships and assist in purchasing items needed at CMH and CMH Raiter Family Clinic. Thank you for your support!

We will be promoting this event by placing ads in the local papers and by creating an event on Facebook. We'd love for you to share our Facebook event — your participation and assistance with advertising is greatly appreciated!

EXHIBITOR IMPORTANT DATES

- Exhibitor registration forms are due **by October 1st.**
- Payments are due in full **by October 8th.**
- **Payments received after October 8th must include an additional $5.00 late payment fee.**
- Booths are limited so get your requests in soon!

You must have your completed registration form *AND* full payment in to secure your booth(s). ALL booths are on a first come, first served basis based on the date a completed registration form and full payment are received.

EXHIBITOR RESPONSIBILITIES

- **Exhibitors must provide their own table.**
- All tables must be covered or skirted.
- Exhibitors must provide their own display materials and make travel accommodations.
- Exhibitors are responsible for occupying their booth.
- Collection of Sales Tax
- We ask that exhibitors please move their vehicles to the back of the hospital parking lot after unloading so that customers have priority parking.
- Exhibitors are expected to stay within the booth space(s) they registered and paid for.
- Exhibitors must be cleaned up and out of the building by 4pm on Saturday.

The VSO is not responsible for any damaged, lost or stolen items.

CANCELLATIONS

- If an applicant cancels their registration **by October 8th**, a full refund will be issued.
- **After October 8th, refunds will NOT be issued unless the full event is cancelled.**

The Volunteer Services Organization's values are Service, Dedication, Caring, Human Dignity and Community. We expect language, behavior, and products to align with those values. Thank you for understanding.

2026 VSO Fall Vendor & Craft Fair
Registration Form

Vendor Fees

Please mark which day(s) and size booth(s) you would like to register for. If more than one booth is desired, please write in the number of booths you would like to purchase for each day. Boxes marked with a check or 'X' will be considered one booth space.

Booth Size/Cost	Friday, October 16th	Saturday, October 17th
8' x 6' — $30/day		
8' x 6' $25/day with Raffle Donation		
10' x 8' — $50/day		
10' x 8' $45/day with Raffle Donation		

Total Amount Owed _____

Payment Method? (Circle One) Cash or Check

Make checks payable to: CMH Auxiliary

Total Amount Enclosed _____

We will be hosting raffles at this event. Are you willing to donate an item to the raffles? (Circle One) Yes or No

If yes, please bring your donation to the VSO Welcome Table no later than 8:45am on your first day of selling. Thank you!

EXHIBITORS MUST PROVIDE THEIR OWN TABLE!!

Name: _____

Address: _____

Phone: _____

Email: _____

Business Name: _____

Electricity? (Circle One) Yes or No

Description of items being sold: (Please include a picture if possible)

_____

_____

_____

_____

Comments or Requests: (We will do our best to accommodate any requests, but cannot guarantee they will be granted)

_____

_____

By signing this form, I agree that I have read through the Exhibitor Application and agree to its terms, including the Exhibitor Responsibilities. I understand that I need to complete and include both pages of the Registration Form along with full payment to secure my booth(s) at this event.

Signature _____ **Date** _____

Mail registration form and fees to:
Community Memorial Hospital
Attn: Deanna Johnson
512 Skyline Blvd.
Cloquet, MN 55720

Please call or email if you have any questions.
Telephone number: 218-879-4641 ext.7142 Email: djohnson3@cmhmn.org