



2024 LEHIGH VALLEY KNIFE SHOW

April 13th-14th

Saturday, 9am to 5pm – Sunday, 9am to 2pm

Vendor Application Form

*Please complete **ALL** fields of this form*

Vendor Name (First / Last Name) _____

Company Name _____

Email (PLEASE PRINT CLEARLY) _____

Email is necessary for all show notifications; please provide an active email that you check frequently.

Cell Phone # (If none, Home Phone #) _____

Description of Items for Sale (i.e. Antique Knives, Sheaths, Custom Knives, Knifemaking Supplies, Tactical Gear, etc.) _____

Website, FB, Instagram (Choose your best for promotion.) _____

Street Address _____

City, State, Zip _____

Have you participated in Lehigh Valley Knife Show before? Yes ___ No ___ # of Years ___ Recently? _____

How did you hear about the show this year? _____

Vendor Set-up: Friday, April 12th: 3PM to 7:30PM and/or Saturday: 7AM to 9AM

Set-up Time (Important!!!) Friday ___ Saturday___ Approximate Time _____

(Setup starts at 3pm Friday. Show begins promptly at 9AM on Saturday and Sunday, and there is a line to get in, so please be ready) **Saturday ONLY:** (Not Sunday, Same price)_____

Placement Needs: (We will do our best to accommodate.) **Same as previous show?** Yes

Other, Back to Back Layout for 4 or more tables? Near Bathroom, Back Door, other vendor? _____

Sharing tables? Name/email of sharer for nametag _____

Payment Amount Enclosed: \$ _____ #6 foot Tables _____ #8 foot Tables _____ # Chairs needed _____
(Please see the other side of this page for fees & payment schedule)

Please mail this application with a check for the full amount to: **PA Knife Shows LLC**
(Check to be made out to PA Knife Shows LLC)

PO Box 607
New Hope PA 18938

Your application to this show implies that you agree to accept all liability for any property damage, theft, loss of life or personal injury related to or resulting from this event at your reserved table(s), during your time at the show and throughout your setup and breakdown. You will not hold PA Knife Shows LLC, and/or any person or entity related to this event to be responsible in any way for those claims. You are responsible for paying PA sales tax on sales.

Signature (required with application): _____ Date: _____

PAKnifeShows@gmail.com