



Shop St. Joseph Holiday Program

St. Joseph Chamber of Commerce

Wednesday, Nov. 11th - Monday, Dec. 14th, 2026

REGISTRATION FORM

Member

Business Name:

(as it will appear publicly)

Contact Person:

Address:

(as it will appear publicly)

City, State, Zip:

Phone:

Email Address:

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I would like to participate in the second chance drawing (optional). My prize will be:

___ My business employs 0-1 employees and will pay the \$100 participation fee.

___ My business employs 2-5 full-time employees and will pay the \$200 participation fee.

___ My business employs more than 5 full-time employees and will pay the \$250 participation fee.

___ My business has multiple locations of the same name and will pay \$100 for each additional location.

Number of ticket rolls (2,000 tickets per roll) I'd like to start with: _____

My Business has less than 10 full time employees & qualifies for the Small Business Bonus Prize: Yes \ No

Packets will be dropped off Tuesday, Nov. 10 What are your Tuesday hours? _____

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My business is not open on Tuesday & I will pick up the Shop St. Joe supplies at the St. Joseph Chamber of Commerce by 5:00 pm

Signature: _____

Date: _____

Return Completed Form To:

St. Joseph Chamber of Commerce

Attn: Shop St. Joseph Holiday Program

3003 Frederick Ave, Saint Joseph, MO 64506 -OR - Email Annie Eaton

Questions Contact: Annie Eaton at 364-4106 or eaton@saintjoseph.com