APPLICATION
SLEIGH BELLS RING CHRISTMAS FAIR
Saturday, November 18, 2017

Please print or type:

NAME_____ PHONE_____

ADDRESS_____ LICENSE PLATE #_____

_____ CT SALES TAX #_____

Check if someone will assist you the day of the show __

ACCURATE & COMPLETE DESCRIPTION OF THE **ONE** CRAFT CATEGORY YOU WILL
EXHIBIT_____

_____

_____

___# OF PHOTOS SUBMITTED Identify each on the back with your name/address. If you are bringing your own display, please include a photo of the display. List size dimensions: width____ ft____in. depth____ft.____in. height____ft____in. Accepted crafters' photos/slides will be kept on file and returned at the show. For electronic submission of photos, please send to **pcinea@sbcglobal.net**

PRICE RANGE OF CRAFT_____

All crafters will be assigned a specific 8' x 5' space. We plan to offer two space locations again (lower level Church and lower level Parish Center). Space assignment will be based on best overall show appearance and consideration to limiting direct competition between crafters. No special requests.

SET-UP REQUESTS: If you have an 8' x 3' (or smaller) table that you are willing to bring we would appreciate it.

_____I wish to have a table provided for me. Our tables may range from 8 x 2-1/2' to 8' x 3' depending on availability. (if requesting 2 spaces and want 2 tables, please indicate)

_____I will bring my own table (8' x 3' or smaller).

_____I will bring my own display to fit within an 8' x 5' space. Be sure to include a photo of the display with the dimensions indicated.

_____I request two spaces ($90.00).

_____Any physical limitation of crafter involving lifting, etc. Please explain needs_____

_____I request a space with an electrical outlet.

_____Number of chairs needed.

_____I am interested in the Friday set-up. Please indicate approximate time_____

_____I am setting up Saturday A.M.

_____Other?_____

Would you like to donate an item for a raffle?   YES_____   NO_____

Due to changes in State of Connecticut regulations, you must certify that your donated raffle item has a value under $100.00. I certify my donated raffle item has a value under $100.00_____ (Please initial)

Please **describe** your intended raffle item and **estimate** of cost_____

> **REMEMBER** PLEASE ENCLOSE THE $45.00 FEE, PAYABLE TO **SLEIGH BELLS RING** AT THIS TIME. FEE I S NONREFUNDABLE AFTER ACCEPTANCE OF APPLICATION. R ETURN THIS APPLICATION FOR **FIRST JURYING BY MAY 1, 2017** TO: PATRICIA CINEA, 630 HOP RIVER RD., BOLTON, CT 06043. **Please make certain you sign the contract below.**

I hereby release The Church of St. Maurice and Sleigh Bells Ring Christmas Fair of all liability for personal injury and for the loss of property due to theft, fire, accident or damage.

Craftsperson Signature_____**Date**_____