

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 IS NONREFUNDABLE AFTER ACCEPTANCE OF APPLICATION. RETURN 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 _____