

SLEIGH BELLS RING CHRISTMAS FAIR

Saint Maurice Church, Bolton, CT Saturday, November 23, 2024 9:00 am – 3:00 pm

Please print or type:

NAME _____ PHONE _____
ADDRESS _____ LICENSE PLATE # _____
CT SALES TAX # _____

Email address: _____

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. Space assignment will be based on best overall show appearance and consideration to limiting direct competition between crafters. No special requests.

SET-UP REQUESTS:

_____ 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 TO ENCLOSE THE \$45.00 FEE, PAYABLE TO **SLEIGH BELLS RING**, AT THIS TIME. **FEE IS NONREFUNDABLE AFTER ACCEPTANCE OF APPLICATION.** RETURN THIS APPLICATION FOR THE FIRST JURYING DATE of MAY 1, 2024 TO: PATRICIA CINEA, 630 HOP RIVER ROAD, BOLTON, CT 06043. Please assure that you sign the contract below. (**Jurying will continue as applications come in after the above date until the spaces are filled**).

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.

Crafts person Signature _____ Date _____