

St. Christopher Mothers' Club Craft Show Application
November 2018

PLEASE PRINT CLEARLY

Name: _____ CRAFTER VENDOR

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: (____) _____ **Email Address:** _____

Description of work: _____

Fee Calculator:

Number of 9' x 5' spaces @ \$45 each	_____	=	\$ _____
Electricity @ \$10 for each space rented	_____	=	\$ _____
Banquet Size Table and 2 Folding Chairs			INCLUDED
		Total Fee	\$ _____

Are you a returning participant? Y or N Do you want the same space? Y or N/A

Do you require a table? Y or N Set Up: Friday (4pm-7pm) Saturday (7am)

Special requests _____

Applicant's waiver of liability and agreement

I hereby accept full responsibility for my exhibit, including any damage or loss thereof.
I hereby release the St. Christopher Mothers' Club members, craft show volunteers, and school staff from any and all claims for loss, theft, damage or personal injury or the loss of money during the Craft Show.
I acknowledge that this craft show is a smoke-free environment.
I acknowledge that once accepted my entry fee is not refundable or transferable.

Signature: _____ **Date:** _____

(Office Use)

Date Received: _____ Payment: _____ Confirm: _____ A/R: _____