

# St. Christopher Mothers' Club Craft Show Application

November 16th, 2024

**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 @ \$55 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: \_\_\_\_\_

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(Office Use)

Date Received: \_\_\_\_\_ Payment: \_\_\_\_\_ Confirm: \_\_\_\_\_ A/R: \_\_\_\_\_