

MCHC CRAFT & VENDOR FAIR APPLICATION

APPLICANT INFORMATION

Name:

Phone:

Current Address:

City:

State:

ZIP Code:

VENDOR INFORMATION

Booth type (crafts, Tupperware, Baked Goods, etc.):

Number of booth/booths:

Do you need Electricity?:

EMERGENCY CONTACT

Name of contact:

Address:

City:

State:

ZIP Code:

Relationship:

Phone:

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant/s:

Date:

Date:

Please note that with each booth purchased, 1 table will be provided for you upon request.

We ask that each crafter/vendor provide a minimum of one item for a raffle.

Set up

You would like to set up the day of starting at 6AM:

You would like to set up the evening before **after** 5PM: