

REGISTRATION FORM

ST. SIMON'S ARTS & CRAFTS FAIR -- NOVEMBER 3rd & 4th, 2017

NAME(S) _____ BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

VEH TAG # & STATE _____ EMAIL _____ WEBSITE _____

PRODUCTS YOU INTEND TO DISPLAY _____

I/We agree to display/sell only the products for which I/we were juried and certify that the seller designed and made all items. We understand that the preferences expressed below are requests only. The committee will do its best to accommodate, but offers no guarantees. Furthermore, I/we understand that the committee reserves the right to refuse any crafter(s) participation in the event.

SIGNED _____ DATE _____

PLEASE COMPLETE THE NUMBER COLUMN BELOW – **EVEN IF ZERO** - FOR EACH ITEM

| Items | Price Each | Number | Total Price |
|-------------------------------|------------|--------|-------------|
| Booths (8 ft by 10 ft) | \$160.00 | | |
| Tables – 1 table (no charge) | N/C | | |
| Tables – each additional | \$10.00 | | |
| Chairs – 2 chairs (no charge) | N/C | | |
| Chairs – each additional | \$5.00 | | |
| Electricity* | \$10.00 | | |

TOTAL AMOUNT DUE _____

* IF ELECTRICITY REQUIRED, SPECIFY USE: _____

PLEASE LIST VENDORS YOU WOULD LIKE TO HAVE NEARBY OR OTHER SPECIAL REQUESTS:

WE ARE SOMETIMES ASKED TO RECOMMEND CRAFTERS FOR OTHER SHOWS. IF YOU **DO NOT** WANT YOUR NAME RELEASED, PLEASE CHECK HERE _____

PLEASE REMEMBER THAT OBTAINING A LICENSE, COLLECTION & SUBMISSION OF 6% FLORIDA SALES TAX IS YOUR RESPONSIBILITY (FL. DEPT. OF REVENUE 1-800-352-3671)

We look forward to your being part of another successful show!

Make check payable to St. Simon's ECW

MAIL CHECK TO:

St. Simon's ECW

Attn: Craft Fair Vendor Committee

28 Miracle Strip Parkway SW

Fort Walton Beach, FL 32548