

**APPLICATION FOR FRENCH FESTIVAL CRAFT FAIR
JULY 8-9, 2017
Crafter –Fee \$150.00**

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: (Please print clearly) _____

WEBSITE ADDRESS: _____

NYS SALES TAX ID#: _____ **(certificate must be displayed at booth)**

DESCRIPTION OF CRAFT(S) (PLEASE INCLUDE ONE OR TWO PHOTOS ONLY)

DESCRIPTION OF DISPLAY **(BE SPECIFIC TO AVOID REJECTION)**

LOCATION FROM LAST YEAR IF KNOWN _____

NUMBER OF SPACES REQUIRED (SPACE SIZE 10'X10')

\$150.00 PER SPACE FOR SATURDAY AND SUNDAY

AMOUNT ENCLOSED \$ _____ CHECK NUMBER: _____

I HAVE READ AND AGREE TO COMPLY WITH THE GENERAL INFORMATION AND REQUIREMENTS FOR THE ARTS AND CRAFTS EXHIBIT. **NO REFUNDS WILL BE GIVEN AFTER JULY 1, 2017.**

SIGNED _____ DATE _____

(RETURN THIS FORM WITH PAYMENT)

PLEASE RETURN WITH CHECK OR MONEY ORDER PAYABLE TO:

FRENCH FESTIVAL COMMITTEE
P.O. BOX 492
CAPE VINCENT, NY 13618