

FIRST UNITED METHODIST CHURCH WINTER FANTASY CRAFT FAIR 2017

EXHIBITOR'S APPLICATION FOR SATURDAY DECEMBER 2nd, 2017 9AM to 3PM

I apply for exhibit space at First United Methodist Church, Horseheads, NY for December 2nd, 2017 Winter Fantasy Craft Fair. (Please describe type of work to be exhibited and draw your preferred set up space on the back.) My crafts are:

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1. **Set up time is Friday Dec. 1st from 5pm to 8pm or Saturday 7-8:30am, unless prior arrangements** are made with BARB BURDETTE. Do not just walk into the church and ask. Vendors are expected to stay until 3PM, weather permitting. **THERE WILL BE NO SET UP FRIDAY BEFORE 2PM EVEN IF YOU CALL AND ASK FOR A SPECIAL SET UP TIME. We are still setting up the church at that time-we are not done and it is not safe at that time. PLEASE DO NOT APPLY IF YOU CANNOT FOLLOW THOSE TIME FRAMES.**

CHECK the spaces desired: all must fit inside your space. 2 chairs are furnished.

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|---|---------|
| () 1 space APPROXIMATELY 6 ft. x 8ft. with one table | \$30.00 |
| () 1 space APPROXIMATELY 8 ft. x 8ft. with two tables | \$35.00 |
| () 2 adjoining spaces (8 ft. x 16ft. APPROXIMATELY) with total of 2 tables | \$55.00 |
| () electricity needed (only certain spots have it) | N/C |

IF it is available, I prefer the same space as last year: YES _____ or NO _____

We reserve the right to place you in a different spot. We do try to place you in the same spot but occasionally we don't if factors have changed.

****YOUR LAST YEAR'S SPACE REQUEST WILL NOT BE HELD FOR YOU AFTER **OCTOBER 1st.**

MAKE YOUR CHECK PAYABLE TO ** FIRST UNITED METHODIST CHURCH. ** Mail this form and the check to: Barb Burdette, Winter Fantasy Craft Fair, 55 Orchard Drive, Big Flats, NY 14814. Space is limited. If we run out of space and I can't fit you in, I will call you. If you have questions, you can call Barb at 607-426-0311. **Leave a message if I don't answer**, which includes your phone number and name so that I know who I'm trying to call at that number.

EXHIBITOR'S SIGNATURE: _____ Date: _____

Business Name: _____

Address: _____

City/State/ZIP _____

PHONE: _____ EMAIL: _____