

**FIRST UNITED METHODIST CHURCH WINTER FANTASY CRAFT FAIR
EXHIBITOR'S FORM**

*Your Name: _____

Please Print Name Clearly

*The 23rd Annual Winter Fantasy Craft Show will be held at First United Methodist Church, 1034 W. Broad St., Horseheads, NY 14845 on **Saturday, December 6, 2025** from 9 am to 3 pm. Please describe type of work to be exhibited: _____

Set Up/Take Down

- Set up time is Friday, Dec. 5th from 5 pm to 8 pm and Saturday, Dec 6th from 7am to 9 am.
- You will receive a call if you select a large space, and it is no longer available. (Vendors are expected to stay until 3 pm.)

Area Requested

***Please Check the spaces desired: All your display must fit within your designated space.**

- | | |
|--|---------|
| () 1 space (approx. 5ft x8ft) with one table | \$30.00 |
| () 1 space (approx. 5ftx8ft) with two tables | \$35.00 |
| () 2 adjoining spaces (5ftx16ft approx.) with total of two tables if available | \$55.00 |
| () electricity needed (only certain spots have electricity) | N/C |
| <ul style="list-style-type: none">• I prefer the same space as 2023: YES _____ or NO _____ | |

***Diagram of your space**

****PLEASE PUT A DIAGRAM OF YOUR SPACE ON THE BACK OF THIS FORM.****

Payment/Spot reservation

1. Make checks payable to First United Methodist Church in Horseheads and put craft fair vendor in subject line. *(ALL CHECKS MUST BE MADE OUT TO THE CHURCH)*
2. Your spot is not reserved without payment. Payment must accompany this application.
3. **THE FEE IS NON-RETURNABLE.**
4. Mail Check along with this completed form to First United Methodist Church, 1034 West Broad Street, Horseheads, NY 14845. Or you may drop it off to the church office, M-F, 9 am to 12pm.
5. SPACE IS LIMITED. Your cancelled check is your receipt. *Call the church office at 607-739-1943 with any questions.*

Send this completed form, along with a check and diagram of your space to: First United Methodist Church of Horseheads, 1034 West Broad Street, Horseheads, N.Y. 14845.

**EXHIBITOR'S SIGNATURE:* _____ **Date* _____

**Business name:* _____

**Address:* _____

**City/State/ZIP* _____

**PHONE: Home:* _____ **or Cell:* _____

**EMAIL:* _____

Continued on next page...

* Required

Returning Crafters: Please return your completed form by September 25th to reserve your prior spot at the craft show.

After you filled out this form, please make a copy for your own records.

Draw a diagram of your space here.

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Free Sandwich Request

Circle one. Ham or Chicken Salad or Peanut Butter and Jelly

Sandwich goes to: _____ (*Print please*)