

South Lake Band Boosters 23<sup>rd</sup> Annual Juried Craft Show

Saturday, December 3, 2011

10:00 a.m. to 4:00 p.m.

NAME OF DEALER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (     ) \_\_\_\_\_ - \_\_\_\_\_ Days (     ) \_\_\_\_\_ - \_\_\_\_\_ Evenings

E-mail address (optional) \_\_\_\_\_

Please indicate the number of tables and spaces you will need and whether or not electricity will be needed.  
**Electricity will be assigned on a first-come, first-served basis. Crafters supply their own extension cords.**

# of Spaces Needed: _____	# of Tables Needed _____	Electricity
1 space = \$40.00	1 table = \$ 7.00 (8ftx30in)	_____yes \$5.00
2 spaces = \$75.00	2 tables = \$14.00	_____not needed
3 spaces = \$110.00 (Chairs provided)	3 tables = \$21.00	
	_____ will supply my own table(s)	

\_\_\_\_\_ Space number/location occupied last year, if you would like the same space/location this year. However, we reserve the option to make changes to the layout, as we deem necessary.

Type of merchandise on display (**HANDCRAFTED ITEMS ONLY -- PHOTO MUST BE INCLUDED**):

\_\_\_\_\_  
\_\_\_\_\_

Special Needs: (i.e.: handicapped, etc)

\_\_\_\_\_  
\_\_\_\_\_

Set-Up: \_\_\_\_\_ Friday evening  
7:00p.m. - 9:00p.m.

\_\_\_\_\_ Saturday morning  
8:00a.m. - 9:30a.m.

AMOUNT ENCLOSED \$ \_\_\_\_\_ CHECK/MONEY ORDER # \_\_\_\_\_

Please make check payable to **South Lake Band Boosters**

**Mail to: Rachele Walker, 308 North Shore Drive, St. Clair Shores, MI 48080**

Note: A stamped, self-addressed envelope or email address must be included to receive confirmation notice.  
Otherwise, your cancelled check will be considered confirmation.

**PLEASE RETURN CONTRACTS BY NOVEMBER 23, 2011.  
A LATE FEE OF \$5.00 WILL BE ADDED AFTER NOVEMBER 24, 2011.**

I HAVE READ THE LIABILITY CLAUSE AND ACCEPT FULL RESPONSIBILITY OF LOSS, INJURY OR DAMAGE TO PERSONS OR PROPERTY.

Signed \_\_\_\_\_

Date \_\_\_\_\_