



Craft Fair Registration Form
Date: October 14, 2017 9-4 pm

Applicant Name(s): _____

Name of Your Business (if applicable): _____

Mailing Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

E-mail address: _____

Emergency Contact Name & Cell: _____

Please list your booth preferences: _____
(i.e. end of aisle, back to wall, etc.)

Please describe the items that you plan to sell. *Your list must include every type of item that you plan to sell at our fair. Renters displaying items at the fair that have not been previously approved may be required to remove the unapproved items.*

Do you personally make the items that you sell? Yes No

If 'no', which company do you represent? _____

How many 12'x7' booths would you like to rent? ____ x \$70.00= _____
Would you like to rent an 8' x 3' table for your booth? Yes No If 'yes', please add \$5.00 _____

Do you require electricity at your booth? (Electricity limited) Yes No If 'yes', please add \$10.00 _____

Total: _____

Make checks payable to "**MMMB Boosters**" with your phone number on the memo line.

Mail to: Annemarie Deutschmann
321 Cherry Hill Drive
Ellisville, MO 63011