

Entry Application
E.L.M.M. Christmas Bazaar 2019

Mail Completed Application and Payment to: 21 Durkee Street, Winchester, NH 03470
Checks payable to: ELMCC

DATE: Saturday, November 9, 2019, 9:00 a.m. to 2:00 p.m.

All Tables are reserved on a first come, first served basis. We will make every effort to accommodate those with specific needs. Please indicate your 1st, 2nd & 3rd choice on the map included. Registration will close October 31st.

Name _____ Business Name _____

Address: _____ City: _____

State: _____ Zip _____ EMAIL _____

Day Phone: _____ Evening Phone: _____

Craft Item(s) _____

Space requested

One Space (one 8' table) \$15.00 _____

Two Spaces (two 8' tables) \$25.00 _____

I need electricity YES/NO

I do not need a table. Provide me with _____ space(s).

(The length of our 8' tables determines Space).



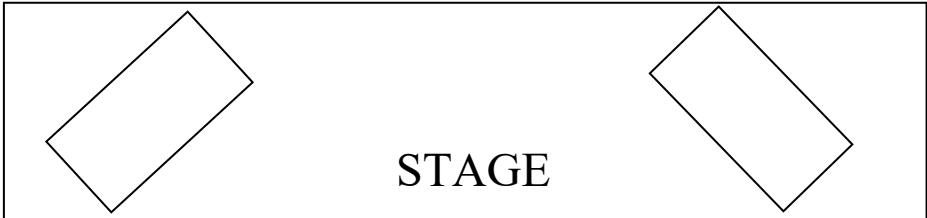
I will set up: **Friday, November 8th 5-7 p.m. or 7-9 a.m. Saturday, November 9th. (PLEASE CIRCLE)**

I will donate an item to the E.L.M.M.C.C. Raffle Table: YES/NO

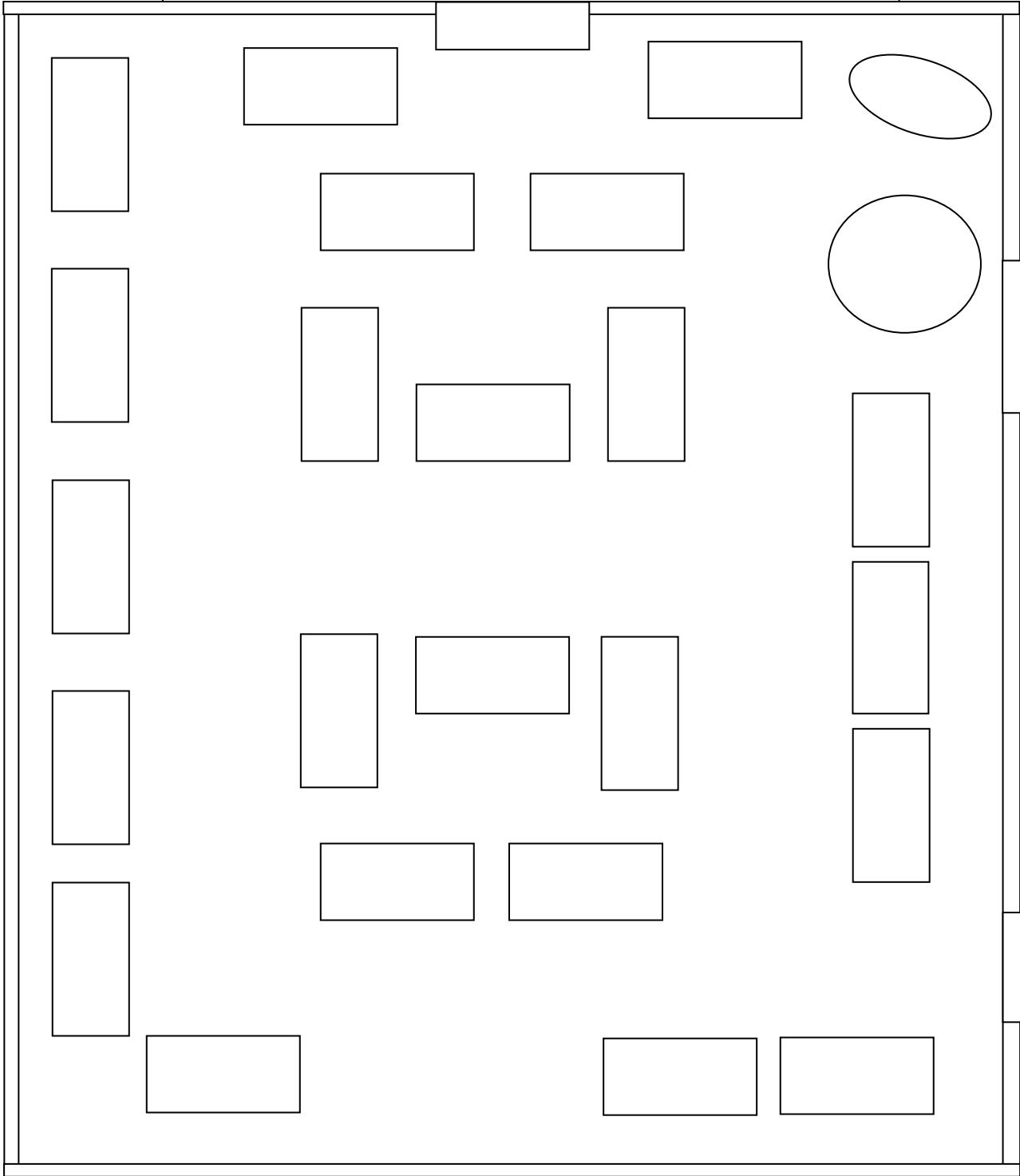
Application entry into the Christmas Bazaar constitutes an agreement with the E.L.M Memorial Community Center that the exhibitor will take no legal action against the E.L.M. Memorial Center or its agents for loss, damage or personal injuries arising in any manner with the event.

I understand the conditions of entry into the Bazaar as stated. I agree to honor the guidelines. I also understand that only the crafts/items above will be permitted at the bazaar. Resale of retail items is not allowed. I further agree that I will not move tables without permission, that I will use my assigned space and that I will respect my colleagues. Refunds will be issued, subject to the judgment of the director, only under extreme circumstances. I will receive a copy of this application as a receipt and confirmation.

Signature _____ Date _____



STAGE



KITCHEN WINDOW

HALLWAY TO BATHROOM

DOORWAY