

Crafter/Vendor Application

Please complete and return the application.

PLEASE PRINT

NAME: _____

VENDOR NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE #: _____

CELL #: _____

EMAIL: _____

PRODUCT DESCRIPTION:

SIGNATURE: _____

DATE: _____

OF BOOTHS _____ @ \$20.00

ELECTRICAL @ \$5.00 _____

ARRIVAL TIME FOR SET UP

FRIDAY SEPTEMBER 23 1:00 PM TO 4:00 PM.

MAKE CHECKS PAYABLE TO

OVID CARRIAGE DAYS

MAIL COMPLETED APPLICATION, WAIVER AND PAYMENT TO

OVID CARRIAGE DAYS

PO BOX 21

OVID, MI 48866

