

SHOW MANAGEMENT USE ONLY:

Craft Show November 9th & 10th 2024

Saturday (9 am – 5 pm) and Sunday (11 am – 5 pm)

VENDOR APPLICATION

Name of Exhibit/Company:					
Contact Name:					
Address:					
City:	State:	Ziţ	o:	_	
Phone:	Email:		_		
Tax License # (or SSN):	Websi	ite:			
How did you hear about the show? _					
Craft:					
Description of the items being sold/					
Electricity needed (circle one): YES *Only vendors who have requested				Vendors Only)	
Reserve space by: October 1, 2024 (l	limited spaces avail	lable). Boo	oths are 10' x 10'		
Application and Rules & Regulations before April 1, 2024 and \$150 per bo		_		-	
One 8-foot table and chair will be pr	ovided per space. E	Extra space	es are an additior	nal \$100.	
Contact:	Rhonda Reynolo craftshow@jaffa	• •			

BOOTH #: _____ DONATION: _____ 2024 Jaffa Craft Show Vendor Application.docx

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ENCLOSE IN ENVELOPE:

- Vendor application,
- Rules & Regulations
- Non-refundable registration payment

Please return to: Jaffa Craft Show
4961 Bedford Valley Rd
Bedford, PA 15522

Credit card payment:	
Card Type:	
Card Number:	
SVR:	Exp. Date:
Billing Information:	
Name:	
Address:	
City/State/Zip:	
Signature:	
*By signing you are giving p	ermission to charge credit card.
**4% processing	fee will be applied to all credit card transactions.

***Fees apply for all returned checks.

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