



Company Name/ Name _____

Mailing Address: _____

Phone: _____ Email: _____

Website: _____

Type of products: _____

Exhibitor requests are looked at by the committee which will try to grant requests, but may not be granted.

2 OPTIONS:

_____ I will need an INSIDE space

The booth space is approximately 10X10 for a \$35.00 fee and \$25.00 for each additional space.

_____ I am a returning vendor

_____ I will need a handicap parking space (Must have a licensed issued handicap placard).

_____ I will need a table _____ I will need 1 chair (tables and chairs will not be provided unless requested) *
Table and chair is for inside vendors.

_____ I will need an extra table for \$5.00

_____ I will NOT need a table _____ I will NOT need a chair

_____ I will be setting up **OUTSIDE** (you may bring a tent and tables and chairs- we will not be able to provide materials for outside vendors. You will only be able to set up in the grassy area- behind the CARS.

TOTAL: (add up all above) _____

Payment by check sent to Tolles Career & Technical Center 7877 US Highway 42 S. Plain City, Ohio 43064. (Attention Craft show/ Kelly Marquis).

*If paperwork is emailed, the application will not be approved until the fees are received.

Vendor Donation: We ask that each vendor donate an item for a raffle. Donated items will be gathered when you arrive.

Vendor Signature _____



****Office use only below this line****

Date Registration Received: _____

Payment Received _____

Check Number: _____

Date Confirmation Emailed: _____

TABLE # _____

OUTSIDE SPACE # _____

Donated item: _____

Value of donated item: _____