2018 East High Holiday Magic Craft Fair Application Form

applicant Information	D ' M
Jame:	Business Name:
hone:	Email:
ddress with City, State ,ZIP:	
Sumber of Spaces:	PA Sales Tax License Number: (REQUIRED)
One Standard \$60	
One Premium (Main Gym , Aux Gym or Cafeteria) \$	100 Main Gym, \$75 Aux and Cafeteria
referred Booth Space:	
Special Instructions or Information for Craft Fair Organ	nizers: (Use Back of page if needed)
Special Instructions or Information for Craft Fair Orga	nizers: (Use Back of page if needed)
Special Instructions or Information for Craft Fair Orga	nizers: (Use Back of page if needed)
Special Instructions or Information for Craft Fair Orga	nizers: (Use Back of page if needed)
Special Instructions or Information for Craft Fair Orga Description of Items/Products to be Sold: (Use back of	
	page if needed)
Description of Items/Products to be Sold: (Use back of	page if needed)
Description of Items/Products to be Sold: (Use back of Please send COMPLETED application with y	Pour payment IN FULL to:
Description of Items/Products to be Sold: (Use back of Please send COMPLETED application with y	Pour payment IN FULL to: cdehsmusicboosters@gmail.com

Date Received:		Assigned Space Number(s):	
Paid:			
Date:	Amount:	Check #	