

DePasquale Enterprises, LLC

ARTISANAL FAIRS

Fine Art Crafts Gifts

www.depasmarket.com

PO Box 278, Selden, NY 11784

Tel. 631 846 1459 Fax. 631 285 1511 depasqualeshows@yahoo.com

Spring Show Sponsor 2018

April 15 (Sunday)

Selden Craft & Gift Fair

Newfield HS 145 Marshall Dr., Selden, NY 11784

10am – 4pm

INDOOR

Sponsor spaces 10' X 6' () \$325

() electric \$25

April 28

Hauppauge Craft & Gift Fair

Hauppauge HS 500 Lincoln Blvd, Hauppauge, NY 11788

10am – 4pm

INDOOR

All Sponsor spaces in lobby 10' x 6' () \$325

() electric \$25

May 6 (Sunday)

17th Annual Mother's Day Weekend

Northport Craft Fair

(Art & Crafts Only)

Northport HS 154 Laurel Hill Rd, Northport, NY 11768

10am – 4pm

OUTDOORS

Sponsor spaces 10' x 10' () \$325

June 16

41st Annual Father's Day Weekend

Kings Park Day

Library Parking Lot Main Street, Kings Park, NY 11754

10am – 4pm

OUTDOORS

Sponsor spaces 10' x 10' () \$325

Sept. 1

6th Annual Summer in Greenport

Greenport All Craft Fair

Greenport HS 1 Front Street, Greenport, NY 11944

10am – 5pm

OUTDOORS

Sponsor spaces 10' x 10' () \$325

- **Show Hours 10am – 4pm unless stated otherwise**
- **Set-up time 8am, unless otherwise directed.**
- **Outdoor shows held rain or shine**
- **Set-up info mailed or emailed prior to each event.**

TERMS OF EXHIBITION

Provide your own tables, chairs, displays, tents, etc.

No space reserved without signed application and full payment.

No checks accepted within 14 days of the fair.

All items sold must be listed and approved by management.

We reserve the right to accept or refuse exhibitor participation

We reserve the right to remove items from booth that are not listed.

All exhibitors are responsible for leaving their area clean.

No firearms, knives, drug paraphernalia, obscene, illegal items

Merchandise must be priced and honestly represented.

In the event of show cancellation due to weather there will be no refunds.

Absolutely no packing prior to close of the fair (5pm)

Assigned space will not be held for exhibitors arriving after 10am.

NO REFUNDS

Return application with payment (mail, email or fax).

For Office Use Only

PRINT CLEARLY

Name _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Tel _____ Cell _____

Fax _____ Tax ID _____

Email _____

Website _____

Vehicle make/model
& plate # _____

Describe nature of your business

Enclose payment with application. Combine show fees on one check

Checks payable to: **DePasquale Enterprises, LLC**

Mail: PO Box 278, Selden, NY 11784 Or **Fax 631-285-1511**

Credit Card# _____

Exp date _____ Security
Code _____

Amount to be charged: _____

Billing Address
if different _____

Signature of
cardholder _____

Check/ Money order total enclosed _____

My signature indicates that I am in agreement with the above terms of exhibition. It is further agreed that all vendors are independent agents and that neither DePasquale Enterprises, the sponsoring group, school district nor owner of the premises will be held responsible for injury, loss or damage of any kind whatsoever.

Signature _____

Date _____

*Check here if you would like to be listed on our homepage with a link to your website ()**

**complimentary for our show sponsors.*

Date Rec	Ck #	Amt.