DePasquale

Fine Art Crafts Gifts

PO Box 278, Selden, NY 11784

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

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

Fall & Winter Application 2017

Nov. 18 & 19 East Islip Craft & Gift Fair Crafts & Gifts (Limited to 150 exhibitors) East Islip HS 1 Redmen Street, Islip Terrace, NY 11752

() 10'X 7' Cafe crafts only no wall
() 10' X 6' Café crafts only wall
() 12' X 5' Hall (crafts & gifts)

THIS EVENT IS SOLD OUT

Dec. 2 & 3 Northport Craft Fair (Art & Crafts Only) Northport HS 154 Laurel Hill Rd, Northport, NY 11768

 10' x 6' () Café

 () \$395 crafts only

 10' X 6' () Commons/lobby () Faculty Dinning

 () \$395 crafts () \$430 new gift items

 10' X 6' () Well in Commons \$375

 10' X 6' () Upper Library \$375

 10' X 6' () Art Wing \$375

 10' X 6' () Small Cafeteria \$300

 JEWELRY CATEGORY FILLED

() electric \$20

Dec. 9 & 10 St. James-Smithtown Craft & Gift Fair Smithtown HS East 10 School St, St. James, NY 11780

> All spaces in the gym 10' x 10' THIS EVENT IS SOLD OUT

Dec. 16 & 17 Selden Craft & Gift Fair

Newfield HS 145 Marshall Dr. Selden, NY 11784

() \$260 () 10' X 6' cafe () 12' X 5' Hall () \$295 **10' X 10'** Gym After Dec 1 add \$25 late fee () electric \$20

- Show Hours 10am 5pm unless noted
- Set-up time 8am, unless otherwise specified.
- Set-up info mailed or emailed prior to each event.

For Office Use Only

Date Rec Ck # Amt.

State Zip

PRINT CLEARLY

Name
Business_Name
Address
City_____State
Tel Cell
Email

Website

<u>Vehicle</u> make/model

<u>License</u>

plate#_

() Fine Art () Photography () Mixed Media () Crafts () Gifts/new

What percentage of your items are hand-made?_____ Describe all items to be sold (use reverse side if needed)

Enclose payment with application. Combine show fees on one check.

Security Code

Checks payable to: **DePasquale Enterprises, LLC** Mail to: PO Box 278, Selden, NY 11784 Or <u>Fax 631 285 1511</u>

() Visa () Mastercard () Amex

Credit Card#_

Exp date____

Amount to be charged: Billing Address if different from above

Signature of

cardholder_

Check/ Money order total enclosed____

TERMS OF EXHIBITON

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 reserves 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 for reserved space.

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_