I wish to participate in the Fall event and as a Participant in this event I will be responsible to: **pay $60** (for a 6’ or 8’ table and 8’x8’ space) plus give a **donation to the door prize baskets valued at $20 or more**. I will also provide **“swag bag” items Or special one night deal** at my table for at least 100 attendees **OR** 200 to be put into swag bags. I plan to add\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*Please note swag bag additions can be coupons, business cards, promotional items, samples, or a special deal for the event. Be creative!!

Returning Participant? Y\_\_\_ N\_\_\_

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note**: The deadlines are firm. Inability to meet these deadlines will mean you are unable to participate in this event. Payment (EMT is preferred) to showyourcharm25@gmail.com. All payments are non-refundable. Cheques are no longer accepted as payment for space.

* **To be confirmed you must provide the completed application, Or confirm email for returning participants PLUS your basket donation 30 days before the event (or you can send a photo and then actual product 5 days before if it needs to be fresh)**

If you have racks, chairs or other additions to your display that do not fit into an 8x8’ space you must run it by me first and have it approved. If needing an additional table you must pay for 2 spots.

I**f you require an application to be completed for the Health Unit please ensure this is completed 30 days prior to the event. The form will be sent to you!**

Do you have any special requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_