I wish to participate in the Spring event and as a Participant in this event I will be responsible to: **pay $50** (for a 6’ 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**: at my table for at least 100 attendees **OR** 200 to be put into swag bags **OR** 20 items valued at $5 each for the gift bags being sold (spring only) and will provide a picture or example of the finished item **OR** the 200 items no later than 30 days prior to the event which will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

\*Please note swag bag additions can be coupons, business cards, promotional items, or samples BUT if choosing the 20 items they must be an actual item.

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](mailto:showyourcharm25@gmail.com). All payments are non-refundable.

**To be confirmed you must provide the completed application, & payment immediately PLUS your basket donation 45 days before the event (or you can send a photo and then actual product 5 days if it needs to be fresh) By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

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 as I may not be able to extend the spaces!!

I**f you require an application to be completed for the Health Unit please ensure this is completed 45 days prior to the event. The form will be sent to you!**

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

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