

2010 Sugar Maple Festival
Arts & Crafts Exhibitor Contract
This contract is not transferable

Booth: _____
Check: _____

Business Name: _____ e-mail addr: _____

Your Name: _____ Day Phone (____)____-_____

Address: _____ Evening (____)____-_____

City, ST: _____ Zip: _____

- Number of spaces: (approximately 10'x10') _____ x \$50.00 \$_____
- Description of items to be sold. Please be specific:

Make check payable to Sugar Maple Festival. Send complete application, payment, 2 photographs, a copy of your state Vendor's license, and a self addressed stamped envelope to:

Pamela Ryan
Sugar Maple Festival
1403 Steinbeck Way
Sugarcreek Twp, OH 45440

Pursuant and subject to all terms and conditions of the Bellbrook Sugar Maple Festival, I, the undersigned, desire to reserve booth space at the Bellbrook Sugar Maple Festival to be held on April 17th and April 18th, 2010.

Signed: _____ Date: _____