

Crafter # _____

Lambert Castle Holiday Boutique Crafter Application 2019

Name/Business: _____

Crafter Check Payable to: _____
(print clearly)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell# _____ Email _____

Craft Shows I have participated in: _____

Please check below media/craft categories(check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Christmas ornaments | <input type="checkbox"/> Santas |
| <input type="checkbox"/> Holiday greenery/garlands | <input type="checkbox"/> Wreaths |
| <input type="checkbox"/> Snowmen | <input type="checkbox"/> Angels |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Holiday florals/arrangements (Fall accepted at initial delivery only) | |
| <input type="checkbox"/> Handmade(knit,crochet,quilt) | <input type="checkbox"/> Accessories(scarves,gloves,hats) |
| <input type="checkbox"/> Children's(specify) _____ | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Food:(specify) _____ | <input type="checkbox"/> Pet/Animal |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other _____ |

Pricepoints of items to be sold(lowest to highest) _____

Delivery Appointment: Date(check one):

Wednesday, October 9th, 10am-4pm _____ Thursday, October 10th, 10am-4pm _____

Friday, October 11th, 10am-4pm _____ Saturday, October 12th, 10am-2pm _____

Time(indicate preference - 1st, 2nd, 3rd choice): 10:00 _____ 11:00 _____ 12:00 _____
1:00 _____ 2:00 _____ 3:00 _____ 4:00 _____

Appointment date and time will be confirmed upon acceptance.

Crafters who mail initial delivery, complete and return special Mail Crafter page with application.

\$150.00 Non-refundable registration fee enclosed: ___ Check ___ Money Order

Checks payable to: Passaic County Historical Society postmarked by August 1, 2019
(postmarked after August 1st, \$175.00).

I agree to all terms discussed in the application form and contract. I understand and hold harmless the Passaic County Historical Society for any losses or damages resulting from fire, weather, theft, or breakage. I acknowledge acceptance of the terms and conditions herein.

Signature _____ Date _____

Please **sign** and return with **three photographs** and **check postmarked** by August 1, 2019.

_____ accepted PCHS date _____

