

MASTHOPE INFORMATION & REGISTRATION FORM

Craft Show

Date: ~~May~~ 28, 2017

Show Hours: 10:00am- 4:00pm

Set up starts: 8:00am

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Fax: _____

Phone: Business () _____

Cell () _____

Evening () _____

Of Spaces/Tables (8'x3') @ \$20.00 ea. = \$ _____

(NO Guns, Knives or Fireworks are to be sold)

Electricity? Yes _____ No _____

Limited Spots-First Request First Receive

Please give brief description of items to be sold:

No used or purchased items for Craft Shows.

Send completed form along with check payable to:

Masthope P.O.C.

196 Karl Hope Blvd.

Lackawaxen, PA 18435

Attn.: CRAFT SHOW

For Credit Card payments please call: 570-685-4790

Payments & Forms MUST be received NO LATER THAN 7 DAYS PRIOR TO EVENT.

MUST confirm Spaces/Tables ****PLUS**** ALL SPECIAL REQUESTS with Lukus Neidkowski. lukusAN210@gmail.com