## **Registration for Apollo Craft Show**

## Saturday, December 7, 2024

Name:		
(PLEASE PRINT)		
Street Address: (PLEASE PRINT)		
City:(PLEASE PRINT)	State:	Zip:
Area Code & Phone Number:		
Email Address:		
Vendor's License Number:		
	Requirement for I	Department of Taxation
Primary Art/Craft:		
Primary Art/Craft:  Note: In order to a	accommodate vendor	s with hand-made
· · · · · · · · · · · · · · · · · · ·	-	cial products for sale at the
<u>-</u>	. Please clearly indic	cate the characteristics of your
craft.		
Current Booth Number(s):		
Number of spaces you nee	ed: x \$50	) each
TOTAL A	MOUNT ENGLOSE	D: \$
, <u> </u>	MOUNT ENCLOSE	
✓ To retain the same booth you are in the		t be returned with payment by
✓ To retain the same booth you are in the <b>April 1, 2024. Make checks paya</b>	is year, this form mus	
•	is year, this form mus	
April 1, 2024. Make checks paya	is year, this form must ble to Apollo Caro on a first-come basis.	eer Center.
April 1, 2024. Make checks paya  ✓ After April 1, booths will be assigned  ✓ No refunds will be given unless all boo	is year, this form must ble to Apollo Care on a first-come basis. oths are full and another efund requests.	eer Center.

Craft Show

3325 Shawnee Road Lima, OH 45806

Registration Current Crafter