**2019 H.O.P.E. Craft and Vendor Show Registration Form**

**To Benefit H.O.P.E. – Help for Oncology Problems & Emotional support**

**Saturday, October 19, 2019**

**8:30 a.m. to 2:00 p.m.**

**New Freedom Community Building**

**150 E. Main St. New Freedom, Pa. 17349**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_**

**Phone: Daytime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Each space is 10 x 8 ft. Tables 8 ft. long – 1 table per space**

**Table coverings required and will be provided by vendor/crafter.**

**Set up time 7 a.m. (no earlier) and clean up must be finished by 4 p.m.**

**Registration per Table/Space is subject to the following guidelines and is non-refundable:**

 **$35 postmarked by 9/2 -- $40 postmarked by 10/1 -- $45 postmarked by 10/11**

 **NO PAYMENTS ACCEPTED THE DAY OF EVENT.**

**Please check all that apply:**

**­­­\_\_\_\_\_\_\_\_ I will need \_\_\_\_\_ table/s (registration is per table/space)**

**\_\_\_\_\_\_\_\_ I will need to have electricity at my table (limited spaces with electric)**

 **(spaces with electric are first come/first served with paid registration)**

**\_\_\_\_\_\_\_\_ I will be offering an item for the Chinese Auction. Please list the item you will be donating**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_ I am also willing to donate $\_\_\_\_\_\_\_\_\_ to H.O.P.E.**

**Please mail this form and your registration payment (made payable to H.O.P.E.) to:**

**Barb Spurlock Attn: H.O.P.E. Craft/Vendor Show to P.O. Box 175, Shrewsbury, PA 17361.**

 **Questions please call Barb at 717-309-3824 or email** **bspurlock50@aol.com******