

St. Francis Arts & Crafts Sale Vendor Registration

Name _____ E-mail Address _____

Address _____ City, State, Zip _____

Phone _____ Website _____

Please provide a brief, but detailed description of items you will sell (include business name if applicable).

There are a variety of booth options; please see the enclosed floor plan. Specific requests will be honored when possible; however, booths are assigned on a first-come, first-serve basis. **Set-up times are Friday from 6-8 pm and Saturday from 7-9 am (please indicate your preference below).**

Please select your space preference:

____ \$25 table only

____ \$55 10'x8' space

____ \$30 8'x5' center space

____ \$60 16'x5' wall space

____ \$35 8'x5' wall space

____ \$75 20'x5' wall space

____ \$35 8'x5' center space

____ \$80 corner wall space

Please select your set-up preference:

____ Friday 6-8 pm

____ Saturday 7-9 am

Additional Space Requests/Booth Needs (please include how many tables/chairs you are requesting)

To secure your booth space, return the following ASAP to the address below: this completed form, indemnity agreement, and booth fee made payable to St. Francis Altar & Rosary Society.

Mailing Address:

Sarah Ries
W4262 430th Avenue
Ellsworth, WI 54011

Contact Information:

Sarah Ries
715-273-4796
ellsworthcraftsales@gmail.com

Office Use Only

Check _____ Cash

Amount _____

Date _____/_____/_____