Camp Placid Fall Festival Demonstrator Application 2017

| | | DI # |
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| Contact Person or Persons: | | Pnone # |
| Address: | State: | Zip: |
| Email address for contact: | Jtate | |
| Description of craft/items to be | demonstrated: (if p | possible, please send a photo as well) |
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| Number of spaces you are apply | ing for: | |
| The Camp Placid Fall Festival is Satu as 6pm the evening before the Fest | | om 10:00am until 5:00pm. Booths can be set up as early |
| Fall Festival Committee will review | all applications and m ny an application. Set- | nan one booth space can be requested. The Camp Placionake final determinations of acceptance. The tup time, booth location, and additional information l. |
| | | owever, donations are welcome and will be an immense Fund. (Checks should be made payable to Camp Placid. |
| | | ur family, church, or business. Commercial, mass I on a limited basis. Sales must be confined to your |
| , . | ive, Blountville, TN 370 | son listed above) and photo of your product to Camp 7617 or via email: hannahgarst5@gmail |
| Call Hannah Garst with any question | ns: 423-557-5941. | |
| Signing this application is acknowle | edgement that you hav | ave read and understand the above. |
| | | Mail to: |
| | | Camp Placid Fall Festival |
| | | Attn: Vendor Committee |
| | | 204 Florence Drive |
| | | Blountville, TN 37617 |
| Signature of Applicant | Date | |