NAME:		COMPANY NAME:
ADDRESS:		
		EMAIL ADDRESS:
_	·	hat you will be selling. NO BAKED GOODS PLEASE. NO SMOKE BOMBS. W ITEMS THAT WE FEEL ARE INAPPROPRIATE FOR CHILDREN.
Number of tab	oles needed: 8ft. table \$60.0	00 per table (two chairs included) TOTAL: \$
Do you need a	n electrical outlet? Yes No Any	y other considerations? Please specify:
*If you bring a	ıny additional table or use wall sı	pace other than the space you pay for, you must pay for these as well.
Have you parti	cipated with us before? Yes No	How did you find out about our Craft Fair?
PLEASE MAKE	CHECK PAYABLE TO: ST. THOMAS	PARENT'S CLUB. ENCLOSED IS MY CHECK FOR \$
Petal Scantleb	Scantlebury, 172 Sunset Drive, Hury 516-840-4861 Ince purposes, it is necessary to	
We,		Date
Agree to prote his Excellency any person or	the Bishop, against and from any property whomsoever and whats	table) harmless, St. Thomas the Apostle Parish, the Diocese of Rockville Centre and accident or other occurrence on or about said premises, causing injury to oever and will protect, indemnify and save and keep harmless the above s of expense arising out of our use of the aforesaid premises.
		By:(Signature of Vendors)
		(Signature of Vendors)
		(Print name of vendors)
WITNESSED BY	/:	
	(Signature of witness)	