

2020 May Craft & Vendor Show



Todays Date: _____

Application Deadline: April 25, 2020

Date and Time of the Event: **May 16, 2020 Saturday 10:00 a.m. – 2:00 p.m.**

Set up begins at: 8:00 a.m.

Booth Space includes: one 6' (or 8' if available) table inside or a 10' x 10' space outside of the Coopersville Farm Museum without a table. Booth space inside is limited to the size of the table plus room to sit or stand behind or beside, if you require more space, you will want a double booth.

Location: Coopersville Farm Museum and Event Center, 375 Main Street, Coopersville, MI 49404

Mailing Address: PO Box 64, Coopersville, MI 49404

Phone/email: (616) 997-8555 info@coopersvillefarmmuseum.org or events@coopersvillefarmmuseum.org

Coordinator of Event: Lee Ann Proia

I will be selling (general description of items for sale): _____

We cannot guarantee there will not be items similar to your items, especially when they are homemade.

Check one of the following: (please note, no tables are provided for outdoor booth space)

____ \$60 double booth (2 tables or approx. 12'-16' x 4' space inside or 10' x 20' without tables outside)
plus donation of item(s) valued at least \$20

____ \$30 booth fee for single booth (approx. 6' or 8' x 4' inside with one table or 10' x 10' outside with
NO tables) plus a donation of items valued at \$10 or more

____ **Coopersville Farm Museum Member (half price)**

____ \$30 double ____ \$15 single booth

Would you prefer an indoor space or an outdoor space? ____ INSIDE ____ OUTSIDE ____ Either is fine

Do you need electricity? ____ yes ____ no Other needs _____

____ **Late Registration** (after April 25, 2020) **add \$10**. If the \$10 fee is not included with your payment, your application and payment will be returned & you will not have a secured spot in the Show.

Enclose fee with application.

Make checks payable to **Coopersville Farm Museum**. Stop in or call to use Credit Card for payment.

NO REFUNDS! NO EXCEPTIONS!! "No call/no show" will not be permitted back.

Name: _____

Business Name if different: _____

Phone #s: _____

Email: _____

Mailing Address: _____

City, State, Zip: _____

Please make a copy for your records and return this completed application with payment to **Coopersville Farm Museum, PO Box 64, Coopersville, MI 49404.**