

*E.L.M. Memorial Community Center
20-21 Durkee Street~~P.O.Box 82
Winchester, NH 03470
(603) 239-4316~~ Fax (603) 239-6713
www.elmcenter.com or email to
elmmcenter@myfairpoint.net*

**CHRISTMAS BAZAAR 2009
Entry Application**

Please complete and mail with appropriate fees, check payable to the E.L.M. Memorial Community Center, P.O.Box 82, Winchester, NH, 03470 ATTN: *Christmas Bazaar*. Feel free to call with any questions.

DATE: Saturday, November 14, 2009 9:00 a.m. to 3:00 p.m.
Vendor Set up Friday, November 13th 6 - 9 p.m.
or 7 - 9 a.m. Saturday, November 14th.

All Tables are reserved on a first come, first served basis. We will make every effort to accommodate those with specific needs. Please indicate your 1st, 2nd & 3rd choice on the map included. Registration will close Nov. 8th or when tables are sold out.

Name (and name of business, if applicable):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ EMAIL _____

Craft Item(s) _____

I will donate an item to the E.L.M.M.C.C. Raffle Table _____

Space requested

One Space (one 8' table) \$15.00 _____

Two Spaces (two 8' tables) \$25.00 _____

I need electricity yes _____ no _____

I do not need a table _____ Provide me with _____ space(s). (Space is determined by the length of our 8' tables).



Application entry into the Christmas Bazaar constitutes an agreement with the E.L.M Memorial Community Center that the exhibitor will take no legal action against the E.L.M. Memorial Center or its agents for loss, damage or personal injuries arising in any manner with the event.

I understand the conditions of entry into the Bazaar as stated. I agree to honor the guidelines. I also understand that only the crafts/items above will be permitted at the bazaar. Resale of retail items is not allowed. I further agree that I will not move tables without permission, that I will use my assigned space and that I will respect my colleagues. Refunds will be issued, subject to the judgment of the director, only under extreme circumstances. I will receive a copy of this application as a receipt and confirmation.

Signature _____

Date _____