

POSTMARK DATE \_\_\_\_\_ | Electric Y - N | BOOTH # \_\_\_\_\_ ( S ) ( U ) ( N )  
 PAYMENT \$ \_\_\_\_\_ Check # \_\_\_\_\_ CONFIRMATION SENT Y - N Date: \_\_\_\_\_ Extra Table Y - N  
**(Please - Do not write above this line)**

## APPLICATION

Please be certain to complete this entire form

APPLICANT INFORMATION			
Name: _____			
Business Name: _____			
Address _____			Apt # _____
City _____		State _____	ZIP _____
Phone (        ) _____		E-mail Address _____	
Craft(s): _____ <small>Please provide brief, but descriptive information (top 3 items), as this will be posted on our website for publicity purposes.</small>			
Table needed? <b>(size 8' only)</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Additional tables are limited. Cost of each additional table is \$8. Refunds will be issued if not available. # of additional tables _____
First Year Crafter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Previous Booth Number (if known) _____
Request same booth?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In order to help us advertise in your local area please provide Name/address/phone of your local newspaper: _____
Electricity needed? <small>(If available/no guarantee) Please provide your own extension cords.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How would you like to receive your confirmation? (circle one)      Email      Hard Copy (regular mail)
You will be setting up:    Friday evening <input type="checkbox"/> Saturday morning <input type="checkbox"/>			

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY. IF ACCEPTABLE, SIGN YOUR NAME BELOW. SIGNATURE IS REQUIRED BEFORE BOOTH SPACE IS GRANTED.**

Exhibitor will indemnify and hold harmless the Bloomington Band Aides, host of the Craft Show covered by this Agreement, and the individual members thereof; its Board of Education and the individual members thereof; and District 87 personnel against any and all claims arising out of or relating to the Exhibitor's activities pursuant or related to Craft Show covered by this Agreement of the activities conducted by Exhibitor hereunder. Neither the Bloomington Band Aides nor District 87 is responsible for any loss experienced by the Exhibitor while show items or equipment are located at Bloomington High School or on school grounds. Further, I have read the information letter received with this application and agree to abide by its terms and conditions.

Payment enclosed: \$ \_\_\_\_\_  
 Checks made payable to: **BHS Band Aides** \_\_\_\_\_ Craft Show Applicant's Signature and Date  
(No post-dated checks will be accepted)  
**PayPal payment available @marchingraiders**  
(Bloomington Public Schools Band Foundation)

**Mail check and completed/signed application to:  
 Craft Show Chair, BHS Band Aides Craft Show, P.O. Box 592, Bloomington, IL 61702-0592**