REGISTRATION FORM
Stratford Senior Services
Holiday Craft Fair 2012

Last Name _____First Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email address _____

Business Name (if applicable) _____

Brief description of item(s) to be sold (be specific)

_____

_____

Number of tables: Rectangular*_____ Round: _____ Card: _____

Please note we have a limited amount of rectangular tables. Earliest registrants receive table preferences.

Any special needs (outlet, etc.) _____

I have included a $30.00 check to reserve my space.

Signature _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW LINE

Date Received: _____
Amount Paid: _____ Check No. _____

Table No.: _____
Confirmation Sent: _____

Notes:

_____

_____