

Upper Dublin Township Department of Parks & Recreation

CRAFT FAIR

Saturday, March 3, 2018
10:00 AM - 3:00 PM

LOCATION: Upper Dublin Township Building
801 Loch Alsh Ave., Fort Washington, PA 19034

Resident Vendor Fee: \$25.00 per table
Non-Resident Vendor Fee: \$30.00 per table

Indoor accommodations are available for approximately 40 vendors. Reservations are on a "first come, first served" basis. Your reservation is held by your payment. **NO RESERVATIONS** will be accepted without payment.

SPACE dimensions include (1) 6 foot table and 2 chairs and will be located in the Upper Dublin Township Building Community Room. Electricity and internet are available to a limited number of vendors (please indicate any special requests on registration form.) ****Friday set-up available** Vendors can set-up on Friday, March 2nd from 1-5 pm.** Saturday setup will begin at 7:30 AM. Vendors must supply their change. Tables will be assigned by UDP&R.

Cash, check, or credit card payment will be accepted. Please make checks payable to "Upper Dublin Township". Please detach and mail registration form with payment to:

UDP&R
801 Loch Alsh Avenue
Fort Washington, PA 19034

Craft items ONLY – UDP&R reserves the right to reject any vendor not selling appropriate items. Please indicate on the registration form what you will be selling.

****SORRY...NO REFUND AFTER FEE IS PAID****

If you have any questions, please call UDP&R at (215) 643-1600 ext. 3443.

UDP&R 2018 WINTER SPRING PROGRAM REGISTRATION

Participant Name: _____ Phone (H): () _____
Address: _____ DOB: ____/____/____ (required)
City: _____ State: _____ Zip: _____ EMAIL ADDRESS: _____

Program Name	Day/Dates	Time	Fee
Craft Fair	Sa 3/3	10 a – 3 p	\$
Electricity	Circle one: Y or N		n/c
Internet	Circle one: Y or N		n/c
Special requests:			
ITEMS TO BE SOLD:			

PAYMENT METHOD: Payor Name: _____

[] Check # _____ [] Cash

Credit Card: [] Visa [] MasterCard [] Discover [] MAC

Card # _____ - _____ - _____ - _____

Exp. date: ____/____ _____

Name on card (please print) _____

v-code: _____

Total Payment: \$ _____

FOR OFFICE USE ONLY:

Date _____ Initials _____ Receipt # _____

Date _____ RecWare _____

Date _____ Verified by _____

Participant's Signature: _____ **Date:** _____