

Market Days 2014

Junior Exhibitor Application

Please return this application along with your \$15 per table exhibitor fee and a self-addressed stamped envelope by November 10th.

Mail to: Pat Bull
431 Quail Run,
Crawfordville, FL 32327

Name(s): _____
Ages(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: () _____ E-mail address: _____

I hereby certify that all of the items on my Market Days crafts table have been made by me.

Signature(s)

Please list ALL of the work you plan to exhibit:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

*I understand that Market Days 2014 is a **TWO-DAY** event to benefit that Tallahassee Museum; therefore, I should plan to be present at my crafts table on both Saturday and Sunday.*

Signature(s)

If you need additional information or have any questions please call me at (850) 251-2377, or email me at soccountrytreasures@gmail.com.