

DePasquale Shows www.depasqualeshows.com
 PO Box 278, Selden, NY 11784
 Tel 631 846 1459 Fax 631 285 1511
 depasqualeshows@yahoo.com

Return application with payment. Indicate # of spaces at each show

April 24

Spring Fest Craft & Gift Fair

Rocky Point

J A Edgar School Rt. 25A Rocky Point NY
Outdoors Rain/Shine

- () \$75 10' x 10'
- () \$100 after April 1st

To Benefit Rocky Point Athletic Booster Club

May 8th

Mother's Day Fair

Northport HS

Laurel Hill & Elwood Rd Northport, NY
Outdoors Rain/Shine

- () \$125 10' x 10'
- () \$135 after April 15th

Accepting art and crafts only for new exhibitors.

To Benefit The DECA Club

June 19

Kings Park Day Street Fair

Library Parking Lot Rt. 25A Kings Park, NY
Outdoors Rain/Shine

- () \$110 10' x 10'
- () \$125 after June 1st

To Benefit The Chamber of Commerce

TERMS OF EXHIBITION

Provide your own tables, chairs, displays, tents, etc.
 All exhibitors must have a NY State resale tax number.
 No space reserved without signed application and full payment.
 No checks accepted within 14 days of the fair. **\$25 fee for bounced checks.**
 All items sold must be listed and approved by management.
 DePasquale Enterprises reserves the right to accept or refuse exhibitor participation.
 We reserve the right to remove items from booth that are not listed.
 All exhibitors are responsible for leaving their area clean.
 No firearms, knives, drug paraphernalia or obscene items.
 Merchandise must be priced and honestly represented.
 In the event of show cancellation due to weather there will be no refunds.
 Absolutely no packing prior to close of the fair (5pm).
 Assigned space will not be held for exhibitors arriving after 9am.
 No refunds

**Fair Hours 10am – 5pm.
 Set-up time 8am.**

Confirmations detailing setup will be mailed or
 emailed prior to each event.

Spring Application 2010

Name _____
 Business _____
 Name _____

Address _____

City _____ State _____ Zip _____

Tel _____ Cell _____

Fax _____ Tax ID # _____

Email _____

Website _____

Vehicle _____
 make/model _____
 License _____
 plate# _____

- () Fine Art () Photography () Mixed Media
- () Fiber/Wearable Art () Jewelry () Pottery
- () Glass () Wood () Metal () Leather

What percentage of your items are hand-made? _____
Describe all items to be sold (use reserve side in needed)

Enclose full payment with application. Combine show fees on one
 check except for Northport HS. Northport HS must be a separate
 check.

Checks payable to: DePasquale Enterprises
 Mail to: PO Box 278, Selden, NY 11784 Or Fax 631 285 1511

MasterCard or Visa Only

Card# _____

Exp date _____ Security Code _____

Amount to be _____
 charged: _____

Billing _____
 Address _____

Signature of _____
 cardholder _____

Check/ Money order total enclosed _____

*My signature indicates that I am in agreement with the above terms of
 exhibition. It is further agreed that all vendors are independent agents
 and that neither DePasquale Enterprises, the sponsoring group,
 school district nor owner of the premises will be held responsible for
 injury, loss or damage of any kind whatsoever.*

SIGNATURE _____

DATE _____