

Market Days 2018

Junior Exhibitor Application

Please return this application along with your \$15 per table exhibitor fee and a self-addressed stamped envelope by September 30th.

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 2018 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.