



**CARVERSVILLE DAY CRAFTER APPLICATION**

Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Craft Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate number of items needed: \_\_\_\_\_ 8' Banquet Table(s) and/or \_\_\_\_\_ Chair(s)

Amount enclosed: \$\_\_\_\_\_ (Non-refundable Registration: **\$25** per 10 x 10' space\*\*;  
tables - \$10 each; chairs - \$2 each)

**\*\*NOTE:** if you request more than one 10 x 10 space, please pay accordingly so we can offer you the required space.

**Checks should be made payable to: HCS.**

**Return the completed form and payment by April 27, 2018 to:**

Michele Stulpin/Crafters

Historic Carversville Society

P.O. Box 41

Carversville, PA 18913

Questions, contact: [events@carversville.com](mailto:events@carversville.com).

\_\_\_\_\_ I am unable to participate this year but wish to be kept on the mailing list.

The undersigned agrees not to hold the Historic Carversville Society responsible for the loss or damage of artwork and/or crafts on display or for personal injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_