2024 South Carolina Apple Festival – Exhibitor's Application

NAME: (Please Print)		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE :		VEHICLE TAG NO.:
E-Mail Address: Art or Craft Description:		
Please include:		
 Brief description, including process used (indicate whether design is original and the materials used). Shows in which you have exhibited. Membership in Arts or Crafts Societies if any-Also awards you may have received. All craft items must be listed in order to avoid duplication of specialty items. Craft vendors may not sell food or drinks. Booth spaces are non-transferable Additional information may be attached to this form or additional pages may be used. 		
WILL YOU BE USING A TENT? SPECIAL NEEDS:		
Include photographs of your work and exhibit or booth. Ple \$150.00 made payable to S. C. Apple Festival. We must h later than June 30. Send this information to: South Carolina Apple Festival, PO ATTN: C	Box 206, We	mation and registration with payment no
Exhibitor's The undersigned agrees that he/she will be responsible for Carolina Apple Festival. He/She has read and agrees to a Officials and as explained in the materials enclosed wi accompany this application. This is a rain or shine festival refundable until June 30.	or any loss or o abide by all ru th this applic	les as set forth by the S.C. Apple Festival ation. Application fee and photo must
EXHIBITOR'S SIGNATURE TAX I	.D. NUMBER:	