

A Camelot Christmas
MERCHANT APPLICATION

DATE: _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

City, State, Zip Code: _____

PHONE/FAX: _____

EMAIL: _____ WEBSITE: _____

**Merchant Fees: Weekend rate \$125 for a 10 X 10 space. Must buy space in 10 X 10 increments.
For Instance, 10 X 10, 10 X 20, 20 X 20, etc....
All Space is Indoor.**

SPACE SIZE: _____ AMOUNT ENCLOSED: _____

List any other events or fairs where you've displayed: _____

DESCRIBE MERCHANDISE OR CRAFTS (If this is your first year displaying, please send pictures if necessary. Pictures, slides and any merchandise cannot be returned. Applications are reviewed for quality and theme appropriateness. Include any special needs. MAIL IN FEES WITH THIS FORM. YOUR CHECK **MUST** ACCOMPANY THIS FORM TO RESERVE SPACE. Mail to the address above and below.)

Special Needs or Requests: _____

Signature: _____

I have read, understand and agree to abide by the rules of NCRF & HES.

P O Box 61280, Raleigh, NC 27661-1280

