

# APPLICATION

Name: \_\_\_\_\_

Business Name if Applicable: \_\_\_\_\_

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

City: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

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

2- day reservation: \_\_\_ \$70. or a 1-day reservation: \_\_\_ \$35. \_\_\_ Fri. \_\_\_ Sat.

Table: 1 table \$5 \_\_\_                      2 Tables \$10 \_\_\_

Electricity: Yes or No                      \$5

# of spaces \_\_\_\_\_ (space is limited, extra spaces are granted first come first serve.)

Total Amount Due: \$ \_\_\_\_\_

Type of items to be sold:

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*The undersigned releases Solon Center Wesleyan Church and the Bazaar Chairpersons from any responsibility for injuries occurred as a result of your exhibit, and any lost, stolen or damaged items from your exhibit.*

Signed: \_\_\_\_\_

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

(Office Use Only)

Check # \_\_\_\_\_, M/O \_\_\_\_\_, Cash

|                 |
|-----------------|
| Booth #<br><br> |
|-----------------|