

ST. FRANCES CABRINI

PARISH FAMILY MINISTRY

3 Cloister Lane
Middle Island, NY 11953

NOEL BOUTIQUE & CRAFT FAIR APPLICATION

Exhibitor Name: _____

Contact Person (if different from above): _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____ Cell Phone: _____

Nature of Exhibit: (Hand crafted or homemade only) _____

Special Requirements: _____

of spaces required: _____ Fee Paid: _____ Check #: _____

\$35.00 per space

Checks payable to: St. Frances Cabrini Church

NO CASH PAYMENTS

Boutique is on Nov 25 from 10:00 AM to 5:00 PM.

An 8' table will be provided.

Must arrive by 8:00 AM for setup.

Signature: _____ Date: _____