

# St. Charles West Warrior Bands 24<sup>th</sup> Annual Arts and Crafts Fair



**DATE:** December 12, 2009  
**LOCATION:** St. Charles West High School  
3601 Droste Road  
St. Charles, MO 63301  
**SET UP TIME:** 7:00 a.m. – 9:00 a.m., Saturday, December 12, 2009  
**SHOW TIME:** 9:00 a.m. – 4:00 p.m.  
**COST:** \$55.00 per space  
**SPACE SIZE:** 9' by 6'  
**GUIDELINES:** **Please read carefully!**

No tables or chairs will be provided. Tables must be covered on front and both sides to the floor. No boxes are to be left out. Prefer items to be handcrafted or hand assembled. Please send a picture of your craft if you are a new applicant. Pictures will not be returned. You must not tear down until closing time – 4:00 pm.

**CONFIRMATION:** Your cancelled check is your confirmation.

**COORDINATOR:** Mia Cakalic (636.949.5130)

## REGISTRATION CHECKLIST:

- Include a self-addressed business size envelope with **first class postage** to receive your handbook and booth number. (These will be sent starting in September.)
- Make your check or money order payable to St. Charles West Band Boosters.
- Mail your check and application so that it will be received on or before December 1, 2009.
- Complete the application below, detach and mail with payment to:

Mia Cakalic  
1662 Wild Goose Run  
St. Charles, MO 63303

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## 2009 St. Charles West Crafts Fair Application

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

# of Spaces: \_\_\_\_\_ Electricity: \_\_\_\_\_ Other: \_\_\_\_\_

If you are returning, are you requesting the same space(s) as last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Identify the Craft you will displaying: \_\_\_\_\_

**I agree to be responsible for cleaning up my craft space. I understand that there will be no refund if I should decide to cancel. I understand that the staff, band parents and/or band members of St. Charles West High School, St. Charles West Band Boosters and St. Charles West Band are not responsible for loss or damage to merchandise or personal liability resulting directly or indirectly from participation in the craft show.**

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

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

(School Use)  
Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Booth # \_\_\_\_\_ Date Sent: \_\_\_\_\_