



CHRISTMAS CRAFT SHOW

Saturday, November 1, 2025

APPLICATION



NAME	
COMPANY NAME (Optional)	
ADDRESS – STREET	
CITY & POSTAL CODE	
TELEPHONE NUMBER	
CELL PHONE	
EMAIL	
NUMBER OF TABLES REQUESTED	(circle choice) 0 1 2
WHAT ARE YOU SELLING?	
DO YOU NEED A QUILT RACK (Cost \$5 ea)	
DO YOU NEED HYDRO	

I, the undersigned, hereby submit my application to be a vendor at the GNE Christmas Craft Show . I have read the show procedures and hereby agree to the contract agreement. I understand and accept the requirements of me at GNE Christmas Craft Show .

PRINT NAME	
SIGNATURE	
DATE	

If you have any questions, please contact:

Ann Huskinson email: we123454u@hotmail.com or (705) 4439815 Or

Felicity Kinnear email: felicitykinnear@gmail.com or (705) 444-1334

OFFICE USE ONLY

DATE RECEIVED	
CONFIRMATION SENT	
PAYMENT RECEIVED	
BOOTH NUMBER	
CERTIFICATE OF INS.	

Return completed application
and your payment to:
**Craft Show, Box 100,
Nottawa, ON, L0M1P0**