



# Peoria Players Theater 2018 Craft & Vendor Sale



## HELP SUPPORT PEORIA PLAYERS THEATRE & A CENTRAL ILLINOIS BREAST HEALTH RESEARCH PROGRAMS

**Date:** Saturday, May 12<sup>th</sup>, 2018 (outside rain or shine on race day)

**Location:** 4300 N. University St. Peoria, IL

Just three blocks from the Metro Center

**Time:** 9:00AM – 3:00PM / Set up begins at 7:30AM/ Tear down no earlier than 2:45PM

10'x10' space rental: \$40.00 each

10'x20' space rental: \$70.00

**One table and two chairs available for \$10.00 (limited quantities)**

We would like to invite each vendor to donate an item(s) for our rafter table.



A portion of all booth fees will support Central Illinois breast health programs



Visit [www.peoriaplayers.org](http://www.peoriaplayers.org) for more information; call 309-472-1045

Or email us at [pptcraftandvendorsale@outlook.com](mailto:pptcraftandvendorsale@outlook.com) or like us on Facebook group  
"Peoria Players Craft and Vendor Sale"

Crafters /vendors must purchase a space. They may choose to purchase a table and set of chair (first come first serve basis, limited supply) Crafters /vendors may bring tables, chairs, canopies- anything that can fit within the 10'x10' space(s). Licensed vendors are limited to one representative per company (I.E. Mary Kay, Tupperware, Avon) on a first come first server basis. All crafters /vendors are subject to Peoria Players' approval. No food or drink for immediate consumption may be sold. **There will be no access to electricity.**

**Payment must be submitted with registration form for a booth to be reserved**

Return registration form with payment to

Peoria Players Theatre 4300 N. University St. Peoria, IL 61614. Attention- Craft and Vendor fair

**CRAFT & VENDOR REGISTRATION FORM \*\*\*PLEASE PRINT\*\*\***

CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_ ZIP CODE: \_\_\_\_\_ CONTACT NUMBER: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

EMAIL: \_\_\_\_\_@\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CIRCLE: VENDOR OR CRAFTER

TYPE(S) OF PRODUCT: \_\_\_\_\_

PLEASE PLACE A CHECK NEXT TO THE APPROPRIATE BOXES

\_\_\_ 10'x10' SPACE (\$40.00), OR \_\_\_ 10'x 20' SPACE (\$70 .00),

\_\_\_ 2 CHAIRS& 1 TABLE (\$10.00) TOTAL FEE: \_\_\_\_\_

\_\_\_ I WOULD LIKE TO PAY MY RESERVATION FEE USING MY CREDIT CARD. PLEASE CALL ME TO RECEIVE PAYMENT. CREDIT CARD PAYMENT MAY ALSO BE DROPPED OFF IN PERSON.

SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY:

TYPE OF PAYMENT RECEIVED: CASH, MONEY ORDER, CHECK # \_\_\_\_\_,

\_\_\_ CREDIT CARD (VISA OR MASTER CARD)

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CONFIRMATION CALL MADE: \_\_\_\_\_ SPOT ASSIGNED: \_\_\_\_\_