



**Beth C. Wright Cancer Resource Center Craft Fair**  
**Saturday, May 20, 2023**  
**9am-2pm**  
**Pleasant Street, Addison**  
**(Beside Addison Town Office, 334 Water Street)**  
**Craft & Exhibitor Fair**

10 X 10 Outdoor space \$20.00

Vendors, Crafters, and Exhibitors are **required** to bring their own tables, chairs, and canopy (if desired).

All checks/money orders need to be made out to **Beth C. Wright Cancer Resource Center.**

This is a fundraiser held the same day as the Annual Beth C. Wright Walk for Life.

Completed applications with payment may be sent to:

Beth C. Wright Cancer Resource Center, P.O. Box 322, Ellsworth, Maine 04605

**Applications with payment must be received on Monday May 15th.**

Name: \_\_\_\_\_ Business name: \_\_\_\_\_

What do you sell or make: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Ok to text? (Yes) (No)

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

Home/Business Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

**RULES**

- Vendors, Crafters, Exhibitors set up will begin at 7am on Saturday, May 20th. Please no early birds.
- Do not break down your area until 2pm or unless you have an emergency or have sold out of product.
- All money is non-refundable as this is a fundraiser for the Beth C. Wright Center.
- Be respectful of all crafters and volunteers who are making this event a success for YOU!
- May 20th Craft & Exhibitor Fair will happen rain or shine. Please be prepared.
- Please leave your space as you found it. Put trash in garbage cans and all materials taken home with you.
- A port-o-potty will be available for use by crafter & exhibitors. Please bring your own hand sanitizer to use at your table.
- Applications with payment must be received by Monday May 15th. Any applications received after the date/time will be reviewed as received and/or returned.
- You must be registered on our list at check in. No day of vendors, crafters, or exhibitors accepted.

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

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**Beth C. Wright Center use only.**

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

Payment: \_\_\_\_\_

Space Number: \_\_\_\_\_