2021 S.I.D. BOARDWALK CRAFTS APPLICATION

www.boardwalkcrafts.com

PLEASE PRINT CLEARLY

CRAFT:		TYPE OF CANOPY:			
YOUR NAME:		BUSINESS N	USINESS NAME:		
ADDRESS:					
CITY:		STATE:	ZIP:		
PHONE #:	PHONE	‡ 24 HOURS PRIOR TO	THE SHOW:		
OVERNIGHT CONTACT:	(cell phone)				
No applications shall be denien ationality. The undersigned coordinators, and its agents.	ed because of race, creed, colo does discharge, release and ho	or, national origin, sex, phy old harmless The Special In vill be provided, breaking d	ther approved applications for sical or mental handicap, ances aprovement District of Wildwo own is not necessary and you r	stry or od, show	
Signature:			Date:		
	•		Remember to include an <u>dividual show</u> you apply		
	July 3/4			_	
	July 3/4				
	July 17/10 August 7/8	¢24.0			
	August 14/15				
	August 14/13				
	Sept. 4/5	,			