



Mother of Divine Providence's 24th Annual
Christmas Craft Fair and Bazaar
Saturday, November 15, 2025

1. Your Full Name: _____
2. Your Company Name: _____
3. Your Address: _____

4. E-mail address: _____
5. Phone Number: Cell: _____ Home: _____
6. Are you a returning participant _____ Yes _____ No*
**If NO, please email three (3) photos of your work to: mdpchristmas@gmail.com*
7. Describe the Craft/Goods you are selling: *(i.e. handmade candles in a variety of Christmas scents)*

8. Location Preference: *Please check either Gym or Hallway (We provide 2 chairs for you.)*
____ The Gym 6ftx6ft (room for a **6ftx3ft table** and 3 feet of space **behind** your table to sit)
____ The Hallway 11ftx2ft (room for an **8ftx2ft table against a wall** and 3 feet of space **beside** your table to sit)
9. Total number of **spaces** needed: _____ (\$50.00 per space)
10. Total number of **rented tables** needed (1 table per space): ____ (\$10 per rented table) or ____ I will bring my own table
11. Do you need electricity? (**limited spaces available**) _____ Yes _____ No
12. Any other special requests or needs? _____

13. How did you hear about this event? _____
14. Can we use pictures taken of you at this event on our Social Media? _____ Yes _____ No

To complete your application, please enclose a check payable to **Mother of Divine Providence** for:

_____ \$50 per space + _____ \$10 per rented table = _____ Total Payment Included

Mail your check and completed application form to:

Mother of Divine Providence, Attn: Christmas Craft Fair & Bazaar, 333 Allendale Road, King of Prussia, PA 19406

If you have any questions, please contact **Sue Swinty Lewis** at **mdpchristmas@gmail.com**