



NEW CRAFT PRODUCT APPLICATION

Business name: _____

Vendor's name: _____ Phone No. _____

Address: _____

Type of craft submitted for approval: _____

1. Briefly describe your craft, how it is made, etc. _____

2. What materials, organic or otherwise, do you use in your craft? _____

3. Do you personally handcraft your product? _____

4. What makes your craft unique? _____

5. In brief, please explain how your craft would be a benefit to the market. _____

Please provide a clear photograph of your craft with this form. Your photo will remain in our files if you are accepted. Bring this completed form with picture and give to market manager or any board member. You will be notified when next Crafters Jury Committee meeting is held. At that time you will need to bring sample/s of your product.

OFFICE USE ONLY

Board of Directors Approval

Yes

No

Signature _____ Date _____