

Alden Artisans' and Crafters' Fair

August 8, 2010

Alden House Museum

105 Alden Street

Duxbury MA

ARTISAN/CRAFTER REGISTRATION FORM

Name of Exhibitor _____

Name of Business _____

Street/Address _____

City/Town _____

Phone _____ Day _____ Evening _____

E-mail Address _____

Brief Description of Items (website address if you have one): _____

Donation for Raffle: _____

We request that all vendors donate one item toward the Raffle to take place during the event. This will help promote your booth throughout the day. Please describe the donated item and list a cash value. You are encouraged to provide a poster (up to 5x7") describing your item and/or business. Value \$ _____

Number of 12'x12' spaces at \$20 each: _____, total submitted \$ _____.

Please include check or money order payable
To *Alden Kindred of America, Inc.*

**Mail to: Alden Kindred of America
c/o Alicia Williams
PO Box 2754
Duxbury, MA 02331-2754**

For Office Use	
Date Received	_____
Amount Received	_____
Check #	_____
Space #	_____