

**13th Annual Autumn Harvest Show
Saturday Oct. 31, 2020
9:00 a.m. to 3:00 p.m.**

**Ottawa-Glandorf High School, 630 Glendale Ave., Ottawa, Oh 45875
Sponsored by Friends of the Putnam County District Library**

We are a non-profit organization committed to financially aiding the Putnam County District Library system. Last year over 2025 potential customers attended our show which featured 170 booths. The show will be extensively advertised in newspapers, on television, radio, flyers, church bulletins, yard signs, billboard, internet, Facebook and various publications.

We are accepting quality hand-crafted items made by the exhibitor. To maintain the quality of our show and to be fair to all vendors SALE or ½ Price signs will not be allowed. New exhibitors please enclose a picture of your craft and/or booth set-up. Direct sales (i.e. Tastefully Simple, Pampered Chef, etc.) will be filled on a first come-first serve basis with only one of each company being accepted. (Must list company name on application).

Last year's exhibitors will have until May 15th to reserve the same space or request a change. We can not guarantee your choice after that date. An early return for both previous and new exhibitors will increase your chances of acceptance and location preference. Spaces are available in the gym, multi-purpose room (small gym), foyer, cafeteria, hallways, balcony above gym, and outside.

Set up times will be on Friday, October 30, from 7:00 to 9:00 p.m. and Saturday morning from 6:00 a.m. until 8:45 a.m. Your vehicles must be moved after unloading and before set up. The day of the show vehicles must be moved to the grassy area by the football field (weather permitting). If inclement weather use the Goodwill lot across the street or far end of the parking lot.

Complimentary cinnamon rolls and coffee will be available during set-up from 7:00 a.m. to 9:00 a.m. Lunch will be available for purchase from 10:30 A.M. until 1:00 p.m. or until sold out. Lunch delivery will be available if preferred.

Letters of acceptance and show information will be mailed in September. Also consider your cashed check an acceptance. For questions or more information call 419-231-0531 or e-mail friendscraftshow@yahoo.com

The state of Ohio requires all exhibitors to have a transient or business vendor's license. It is the responsibility of the exhibitor to charge, collect and report state sales tax. For more information contact the State of Ohio Tax Department at 1-800-282-1782 or www.state.oh.us/tax.

Please make check payable to Friends of the Library and mail to Friends of the Library; P.O. Box 446 ; Ottawa, OH 45875; Attn: Craft Show. Please enclose a long SASE. If you must cancel a refund will be issued only if your space is resold. A \$5.00 processing fee will be retained. Call 419-231-0531 for questions or more information.

Please state 1st & 2nd choice.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-Mail Address _____

Please list and describe items to be sold: Check and list name if a Direct Sale Business

If you participate in other fall shows prior to ours would you be willing to display flyers advertising our show? If so how many would you like? 25 _____ 50 _____ 75 _____ 100 _____ other _____

	Price	# of Spaces	Total
10' X 10' Gym Spaces @ \$50.00	_____	_____	_____
10' X 12' Multi-Purpose Room @ \$50.00	_____	_____	_____
5' X 20' Hallway @ \$50.00 Circle preferred Hall - A B C D F	_____	_____	_____
10' X 10' Cafeteria @ \$50.00	_____	_____	_____
9'X 10' Balcony above gym @ \$40.00	_____	_____	_____
10' X 10' Outside spaces @ \$40.00	_____	_____	_____
8' Tables @ \$10.00 each (if needed) If you fail to order prior to show the price will increase to \$20.	_____	_____	_____
Electricity @ \$5.00 (if needed)	_____	_____	_____

Grand Total.....\$ _____

Signature _____ Date _____

Ottawa-Glandorf Schools, the Putnam County District Library and the Friends of the Putnam County District Library assume no risk and by acceptance of this agreement, the exhibitor releases the above named from any and all liability.

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Office Use Only

Date received _____ Check # _____ Total Paid _____

Location _____ Booth Number _____