

Friends of the Quarryville Library

CRAFT FAIR APPLICATION

Saturday, November 8, 2025, 9:00 am to 1:00 pm

Name _____ Phone _____

Address _____

City _____ Zip Code _____

Email _____

Description of **handmade** items to be sold _____

_____ Table(s) x \$20.00 = \$_____ (non-refundable)

_____ Electrical Outlet Needed (no charge)

Other Information: _____

Signature _____ Date _____

Please mail your application and check (payable to the Friends of the Quarryville Library) by **October 25, 2025**. Tables are available on a first come, first served basis. Applications can be mailed to:

Donna Trimble
436A Camargo Road, Quarryville, PA 17566
717-786-2130

Date Received _____ Booth # _____

Payment \$ _____ Check # _____ Cash