Braham PIE DAY Nomenade Pie Capital of Minnesoga

PIE DAY

FRIDAY

AUGUST

2nd

2024

34th ANNUAL BRAHAM PIE DAY ARTS & CRAFTS FAIR REGISTRATION 2024

MAIL:

Fair area.

IMPORTANT DATES & INFO:

EARLY BIRD REGISTRATION RATE: \$60.00 per booth (Includes Non-profit and "information only" exhibitors)

Must be postmarked by June 1st

POSTMARKED AFTER JUNE 1ST **RATE: \$70.00** per booth if accepted & space is available, or wait-list. No same-day registrations accepted. Includes non-profit and "information only" exhibitors.

CONFIRMATION NOTICE:

Contact us if you do not receive a confirmation letter. **REFUNDABLE CANCELLATION DATE: JULY 1**st

CONTACT:

Braham Pie Day office, 320-396-4956 brahampieday@hotmail.com

| | Self – addressed envelope | | | | |
|-----|----------------------------|--|--|--|--|
| TO: | BRAHAM PIE DAY | | | | |
| | C/O EXHIBITOR REGISTRATION | | | | |
| | PO BOX 383 | | | | |
| | BRAHAM MN 55006 | | | | |

Photo or email of items to be sold

☐ This Registration Application form

- Make checks or money orders payable to: BRAHAM PIE DAY
- Note: Registration/Application will not be acted on until all items are in our possession.

Fee: All exhibitors including non-profit organizations and

"information only" exhibitors are required to pay the booth fees

Enclosed Minnesota Operator Certificate of Compliance ST19

(Also required for non-profit and information only exhibitors.)

listed at the left for spaces to be reserved in the Freedom Park Craft

| Name: | | | | Home Phone: () | Home Phone: () | | |
|----------------------------|-----------------------------|--------------------------------------|-------------------------------|--|--|--|--|
| Business Name | : | | | Cell Phone: () | Cell Phone: () Email: MN Tax ID Number (required by law if selling taxable items): | | |
| Address: | | | | | | | |
| | | ,ZIP _ | | | | | |
| Number of booths required: | | Please indicate belom Requesting san | <mark>ne booth as last</mark> | <pre>year # (booths spots are NOT guaranteed) ilable in the park.)</pre> | Handicap Space Needed: | | |
| | | ☐ Î use a RV or tra | | State Issued Handicap Sign required | | | |
| Please do not write in th | ne spaces below, for office | e use only: | | | | | |
| Booth Number: | Postmark Date: | MN Op Cert. | Photo/brochure | CHECK NUMBER: | TOTAL DUE: | | |
| | | | | | AMOUNT OF CHECK: | | |