



Crafter Form

Business name _____

Business address street _____

community _____ postal code _____

Contact name _____

Phone number main _____ cell _____

Email address _____

Please provide a short description of your offerings (fewer than 50 words)

A table in the Old School will be provided Saturday 9 am - 4:30pm and Sunday 9 am - 3:30 pm. Fee is \$25

Signature _____

Date _____

presented by



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P.O. Box 185
Musquodoboit Harbour, NS, B0J 2L0

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website: SeasideChristmas.ca