

ST. MARGARET MARY HOLIDAY BOUTIQUE APPLICATION 2025
(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE CONTACT FOR DAY OF EVENT _____ (please include area code)

EMAIL ADDRESS _____

TYPE OF CRAFT (Brief description) _____

DO YOU INTEND TO OFFER FOOD? _____ (IT MUST BE IN SEALED PACKAGING)

COMMENTS OR SPECIAL REQUEST _____

DO YOU NEED ELECTRICITY FOR YOUR BOOTH? (Limited availability) _____

WOULD YOU LIKE TO BE CONTACTED BY OUR PUBLICATION & SIGNAGE COORDINATOR TO SHOWCASE
YOUR ITEMS IN ADVERTISEMENTS LEADING UP TO THE DAY
OF THE BOUTIQUE? _____

of spaces requested _____ @ \$75.00 each = \$ _____

of chairs requested _____ @ FREE = \$ _____

of 8' tables requested _____ @ \$10.00 each = \$ _____

TOTAL AMOUNT DUE = \$ _____

Please make your check payable to ST. MARGARET MARY
*****FULL AMOUNT DUE TO RESERVE YOUR SPACE*****

All applications will first be reviewed,
if accepted your check will be cashed at that time and you will be notified via email.

SIGNATURE _____ DATE _____

Mail to: St. Margaret Mary Parish Office
7813 Shelbyville Road
Louisville, KY 40222
Attn: Holiday Boutique