2020

25th Annual Pomegranate Arts & Crafts Festival

Exhibitor (Vendors) Application Form

Name:	Date		
Business Name:		-	
Address:			
Address:			
Town/State/Zip:		_	
Telephone:	Cell phone		
Email address			
Sales Tax I.D. No. or SSN :			
Category of Work:Fine Art Fine Craft Fine Home Craf	ft		
Description of work(s) to be presented:			
I certify that all work to be sold in my boo	oth was made by me, or by p	erson(s) exhibiting v	vith me.
	Signature of A	pplicant	
No. of Booths Requested: x \$90 (c X \$115		+ \$10 for eac	ch after first
Amount enclosed: \$	_		

Important: Please make check payable to the Moapa Valley Art Guild (Checks made out to the Pomegranate Art Festival will not be accepted). Mail it with a completed application form and a **sample photograph** to

Moapa Valley Art Guild P.O. Box 2249 Overton, NV 89040

You will receive notice of acceptance (or otherwise) by return mail or email. If you have any questions, please call us at 702-397-6444.