



Exhibitor Application 2026

Please complete ALL fields of this application. Email 5-7 jpeg images clearly depicting your work and booth. Mail application with either 2 checks, or 1 check for \$25 and complete credit card information. Please be sure to make checks out to "The Greater New Hope Chamber of Commerce" and send them to:

New Hope Arts & Crafts Festival • PO Box 633 • New Hope, PA • 18938-0676

Exhibitor Name _____

Company Name _____

Street Address _____

City, State, Zip _____

Cell phone and Home phone _____

Email _____

(Email is necessary for all notifications, use an active email. Please print clearly.)

Judging Category: Ceramics Crafts Fiber Fine Art Jewelry MixedMedia Photography
 Wood

Your Website _____

Have you participated in New Hope A&C before? Yes No If Yes, Number of Years ____ Have you ever received an award(s) at this show? Yes No

Price Range _____ Description (Describe medium/work)

Email 5-7 jpg images including a booth picture as attachments to: newhopeartsandcrafts@gmail.com

Set-up is Saturday morning before 9 am. No Friday set-up.

Preferred Set-up Time: 5:30 6am 6:15 6:30 6:45 7am 7:15 7:30 7:45 8am 8:15 8:30 8:45

Amount of time to unload? _____ Amount of time to set up _____

Special Needs:

Oversized Vehicle? Yes No More than one vehicle? Yes No Alone? Yes No

Near Bathroom? Yes No Space Behind? Yes No Handicapped? Yes No

How did you hear about the show? _____ Where have you seen ads? _____

If paying for Premium spot, check your preference. (All entrances, grass, & corners are Premium spaces
 Paved Corner Grass Corner Front Entrance Bus/MiddleEntrance Food Court Same

Admin Fee \$25.00 Amount of booth payment _____ For # Spaces ____ Premium? Yes No

Complete Credit Card Information (include Code) if not sending 2 checks:

Your application to this show implies that you agree to accept all liability for any property damage, theft, loss of life or personal injury related to or resulting from this event, and that you will not hold Greater New Hope Chamber of Commerce, and/or any New Hope person or entity related to this event, to be responsible in any way for those claims.

Signature (required with application):

_____ Date: _____