



CRAFT FAIR BUS GROUP RESERVATIONS 2024

Please indicate [x] what show(s) you are attending.



March 2 & 3, 2024	Sept 21 & 22, 2024	Nov. 16 & 17, 2024
<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Holiday
\$4.00/pp	\$4.00/pp	\$5.00/pp
ESE Young Building, W. Springfield, MA	Memorial Hall Museum Lawns, Deerfield, MA	ESE Better Living Center, W. Springfield, MA
Sat 10am-5pm; Sun 10am-4pm	Sat 10am-5pm; Sun 10am-4pm	Sat 9am-5pm; Sun 10am-4pm

- You must purchase 10 adult tickets to receive the discount.
- If you bring 20 or more paid admissions, you will receive two \$10 Show Shopping Certificates.
- There is free admission for the bus driver and group leader, and free parking for group tour buses or vans (with a 10 person minimum.)

Day & Date Attending _____ Estimated Time of Arrival _____

CONTACT INFO

Tour Company / Organizer _____

Group Name _____ Number of Guests _____

Contact Person _____

Mailing Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

E-mail _____ Website _____

ARE THERE ANY SPECIAL ARRANGEMENTS NEEDED?

Bus Drivers: **March Show-drop attendees off at Door 1; September Show-drop attendees off at Main St. Gate; November Show-drop attendees off at Door 7**

PAYMENT & REFUNDS

- *Passes will be mailed via USPS after payment is received. If purchased the week of the show, passes will be held at the door or gate.*
- *Refunds cannot be made onsite at the show. Unused passes may be returned for a full refund within 2 weeks of the show. Passes should be mailed to: PVMA, Attn: Ellen, PO Box 428, Deerfield, MA, 01342-0428.*

***We are no longer able to mail out fair guides ahead of time; however, they are available at the door at no charge.**

Cost per Adult \$ _____ Number of Adults _____ Total Payment Enclosed \$ _____

Please enclose check made payable to **Pocumtuck Valley Memorial Association** OR provide credit card information:

___ VISA ___ MASTERCARD TOTAL AMOUNT \$ _____

NUMBER _____ - _____ - _____ - _____ EXP DATE ___/___/___ *CVV _____

SIGNATURE OF CARDHOLDER _____

OFFICE USE ONLY

Date Payment Received ___/___/___ Credit Card ___ Check # _____ Total Payment Amount \$ _____ Date passes mailed _____

PLEASE MAIL OR FAX THIS PAGE TO MAKE A RESERVATION

***Any questions? Call Ellen at 413-774-7476, ext. 100, or fax to 413-774-5400, or email to pvmaoffice@deerfieldmuseum.org

Please DO NOT send credit card information via email. You can email the form, and then call to give credit card information to Ellen to process, if that is more convenient for you.