

National Morel Mushroom Festival

2017 Craft Show Application

May 19-20-21, 2017

PO Box 184, Boyne City MI 49712

E-Mail: pamchipman@yahoo.com

Exhibitor name: _____

Business name: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Emergency Contact & Phone: _____

Description of work, please **send photos**, these will be returned upon acceptance.

Lot Size 12x12

_____ Single **\$60** (if you require more room please mark and pay for number of spaces needed.)

_____ Camping **\$75, these are limited and on a 1st come, 1st reserved**

Will be doing demonstrations _____ yes _____ no.

I have read the craft show rules and regulations. _____ yes.

Please read and sign the following: The undersigned applicant understands the conditions under which he/she will be allowed to exhibit in the Annual National Morel Mushroom Festival Craft Show. The undersigned agrees for his/her administrator and assigns, to release, discharge, indemnify and hold harmless the City of Boyne and the National Morel Mushroom Festival Committee and their assigns, agents and employees of and from all claims, demands, action or cause of action, which may hereafter exist by reason of any damage, loss or injury which may be sustained by the undersigned in consequence of being allowed to participate in the Festival Show.

I/we give permission to use my name, business name, photographs for the purpose of publicizing this show in the media, print and on the internet.

Signature _____ Date _____

Checks payable to the National Morel Mushroom Festival & mail to address above.