

National Morel Mushroom  
2018 Craft Show Application

**This is a 3 day show, DO NOT APPLY if you cannot attend all 3 days!**

Exhibitor name: \_\_\_\_\_

Business name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Description of work, please **send photos**. Send a stamped self-addressed envelope for return of photos.

\_\_\_\_\_

**Lot Size 12x12**

\_\_\_\_\_ Single **\$60.00** (if you require more room please mark and pay for number of spaces needed.

\_\_\_\_\_ **\$70.00** Camper Area (*you can stay behind your space*) **these very limited! Please send size of your trailer, no tents. This is in addition to your \$60.00 lot price. Total \$130.00**

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***

Pam Chipman 231-582-7843

National Morel Mushroom Festival. P.O. Box 184. Boyne City, MI 49712

