



Heritage Days

June 10-11, 2017
Exhibitor's Application

Business Name (if applicable): _____

Contact Person (please print): _____

Address: _____

City/State: _____ Zip Code: _____

Phone#: (_____) _____ Cell#: (_____) _____

Email Address: _____ Website: _____

Maryland Sales Tax # _____ (If you do not already have a MD Tax #, a temporary license will be issued to you)

MEDIA: Check only one box from below for judging & program listing.

- | | | | | |
|-----------------------------------|---|--|---|--|
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Glass | <input type="checkbox"/> Decorative Painting | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Leather | <input type="checkbox"/> Fibers | <input type="checkbox"/> 2-D Art | <input type="checkbox"/> Photography | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Toys | <input type="checkbox"/> Metal Work | <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Pottery/Ceramics | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Food - not for consumption at festival | <input type="checkbox"/> Other _____ | | |

I will demonstrate: Yes No _____

Explain In Detail: (i.e., Painting-Oils) _____

Please send 3 photos of your item(s) your workshop area and your booth for area. Photos may be digital. NOTE: Photos will not be returned.

I wish to reserve space for:

- Arts & Crafts: \$75 / \$85 after 02/26/2017
- Electricity: \$20 per electrical device ____ # devices, describe: _____
- Display/Non Profit - no selling: \$50
- Display/Non Profit - selling: \$75

Please state width and length of your display/tent _____

Because of the trees on Washington Street we need to know the height of your display/tent _____

If your have a special request regarding placement, we need to receive your application and request no later than April 1st, so we will have adequate time to consider your request.

I have read, understand, and agree to the general conditions stated herein for entry to this show. I hereby agree the sponsors or any other association of the Festival is not responsible for personal injuries, loss or damage of my property.

Signature _____

Date _____

FOR OFFICE USE ONLY

Photos	Check#
electric	date:
demonstrations	former booth #

FEES:

Application Fee	\$	_____
Electrical Fee	\$	_____
Total Amount	\$	_____

Per Space:

\$75 Arts & Crafts before 02/25/17
 \$85 Arts & Crafts after 02/26/17
 \$50 Display/Non Profit - no selling
 \$75 Display/Non Profit - selling
 \$150 Commercial
 \$20 per Electrical Appliance

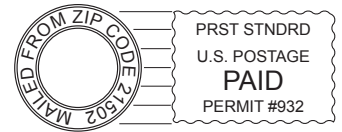
Make check/money order payable to Heritage Days.

BEFORE MAILING:

- Have you filled application out completely?
- Is check/money order for full amount included?
- Have you included your photos?

49th Annual
 Heritage Days Festival

Post Office Box 984
 Cumberland, MD 21501-0984
www.heritagedaysfestival.com



RETURN SERVICE REQUESTED