

National Morel Mushroom Festival

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**48th Annual Spring Craft Show
2008 Application**

Exhibitor Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Emergency Contact & Phone _____

Description of work, please send photos of your work, these will be returned to you when you check in on Friday.

Lot size 12x12

_____ Single **\$55.00**(if you require more room please mark and pay for number of spaces needed)
_____ Camping **\$90.00**

Will be doing demonstrations _____yes _____ no

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 National Morel Mushroom Festival Art & Craft 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 National Morel Mushroom Festival and mail to address above.