

# 44th Annual Shawano Art and Craft Fair

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Artist/Media \_\_\_\_\_

Crafter/Media \_\_\_\_\_

Prefer: Woods \_\_\_\_\_ Open Field \_\_\_\_\_

**Please get sufficient space for your exhibit. No part of your booth may extend into the path.**

Preferred space # \_\_\_\_\_

Number of 12' x 12' spaces \_\_\_\_\_ X \$ 40.00 Fee Enclosed \$ \_\_\_\_\_

Veh. License \_\_\_\_\_

**I assume full responsibility for my exhibit, and will abide by the regulations. I declare all exhibited works to be ORIGINAL.**

Signature \_\_\_\_\_

Mail to:  
Shawano Co. Art and Craft Fair  
N6499 Isaacson Rd.  
Cecil, WI 54111

**Mail Early to get requested spots!!**

For SCAC Use Only

Amount received \_\_\_\_\_ Check # \_\_\_\_\_

Space Requested \_\_\_\_\_ Space # in 2011 \_\_\_\_\_

2012 Space Assigned \_\_\_\_\_