

# 37th Annual Shawano

## Art and Craft Fair

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

Prefer: Woods \_\_\_\_\_ Openfield \_\_\_\_\_

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 \_\_\_\_\_ 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 2004** \_\_\_\_\_

**2005 Space Assigned** \_\_\_\_\_