64th Annual National Morel Mushroom Festival

May 16-19, 2024 P.O. Box 184 Boyne City, MI 49712 www.bcmorelfestival.com

2024 Craft Show Application

This is a 3 day show. DO NOT APPLY if you cannot attend all 3 days:

Friday, May 17: 12-6pm, Saturday May 18: 10am – 6pm, Sunday May 19: 12-3pm

| Exhibitor Name: | | |
|--|---|--|
| Business Name: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Phone: | Email: | |
| Emergency Contact & Phone: | | |
| Description of work, please se | nd photos. Send a stamped self | -addressed envelope for return of photos. |
| | | |
| | | |
| | Lot Size 12' | x 12′ |
| Single \$90.00 (If yo | ou require more room please ma | ark and pay for number of spaces needed.) |
| | | pace.) These are very limited! Please send size of DVEHICLES ALLOWED IN PARK, ONLY CAMPERS. |
| PRE-PAYMENT IS <u>REQ</u> | UIRED WITH APPLICATION | Yes. |
| will be allowed to exhibit in th for his/her administrator and the National Morel Mushroon | e Annual National Morel Mushr assigns, to release, discharge, in a Festival Committee and their a | understands the conditions under which he/she oom Festival Craft Show. The undersigned agrees demnify and hold harmless the City of Boyne and ssigns, agents and employees of and from all ter exist by reason of any damage, loss or injury |

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.

which may be sustained by the undersigned in consequence of being allowed to participate in the Festival Show.

| Signature | Date | |
|-----------|---|--|
| | Checks mailed and made payable to: National Morel Mushroom Festival | |
| | P.O. Box 184. Boyne City, MI 49712 | |

Craft Show Contact: Laurie Leaman, Ph: 231.330.1065, laurieann49712@yahoo.com