24th Annual CELEBRATE! WEST HARTFORD Arts and Crafts Show 2010
June 12 & 13, 2010

Name: _____ Business Name: _____

Street: _____ City: _____ State: _____ Zip code: _____

Day phone: _____ Cell: _____ Email: _____

CT State Tax Number (required): __ __ __ __ __ __ __ - __ __ __ ☐ Check here if application is pending. See "Sales Tax" info above.

Media/ Category ~ check only one:
☐ **Leather** ☐ **Metal** ☐ **Glass** ☐ **Photography** ☐ **Fine Arts/Graphics**
☐ **Jewelry** ☐ **Pottery** ☐ **Textiles** ☐ **Wood** ☐ **Mixed Media**

Requirements:

1. Image required of booth display
2. _____ (Object/Description) _____ (Price Range) _____ (Medium, Materials, Techniques)
3. _____ (Object/Description) _____ (Price Range) _____ (Medium, Materials, Techniques)
4. _____ (Object/Description) _____ (Price Range) _____ (Medium, Materials, Techniques)

☐ Check here if you do NOT want your images scanned for possible publication in publicity materials.

Please indicate any special needs or requests in the space below.

_____

_____

PARKING

Free parking is available in parking garages adjacent to the show.
Oversized vehicles, trailers and RV's will be assigned to offsite parking areas.
Parking will be assigned prior to the event.

Vehicle info below must be complete or application will be returned.

☐ **I will be driving two vehicles and will require an additional parking space**

☐ **I will be pulling a trailer and will require an additional parking space**

	MAKE & MODEL	BODY HEIGHT	BODY LENGTH
☐ **Automobile**			
☐ **Van**			
☐ **Truck**			
☐ **Recreational Vehicle**			

☐ **I have a handicapped parking permit and require handicapped parking**

SPACE REQUEST

STANDARD SPACE	CORNER SPACE
☐ 10 x 10 = $175	☐ 10 x 10 = $200
☐ 10 x 20 = $350	☐ 10 x 15 = $290
☐ 10 x 30 = $525	☐ 10 x 20 = $375

Corner spaces are limited and will be assigned on a first-come, first-served basis. Please indicate your second choice. Overpayments will be returned.

PAYMENT BY CHECK OR MONEY ORDER

Fees are not refundable. Check or money order is payable to: **Town of West Hartford** and must accompany application and must not be postdated.

PAYMENT BY CREDIT CARD

☐ VISA ☐ MasterCard

No. _____

Expiration Date: _____

Return to: **CELEBRATE! WEST HARTFORD**
50 South Main Street
Town Hall Common
West Hartford, Connecticut 06107

Include a stamped self-addressed envelope large enough to return your slides or photographs and/or jury notification.

WAIVER: By submitting an application to this show, I acknowledge that property is brought to the show at my own risk. I also realize that in bringing goods to this event, setting up my space, operating during the event and removing my remaining property at the end of the event there is a possible risk of injury to myself while participating in the event. I agree to assume the risk of injury that I might suffer while involved in this event, and agree not to hold the Town of West Hartford, its officers, officials, agents or sponsors liable for any injuries that I may suffer or for property loss or damage of any kind while participating in this event.

_____ Signature

_____ Date