

2009 Carlinville Christmas Market Exhibitor Application

www.CarlinvilleChristmasMarket.com

DATES

Friday, December 4 ~ 3 p.m. to 9 p.m.

Saturday, December 5 ~ 9 a.m. to 8 p.m.

Sunday, December 6 ~ 11 a.m. to 3 p.m.

LOCATION

On the Square in downtown Carlinville, Illinois.

APPLICATION PROCEDURE

Applicants must observe the following requirements:

1. Complete the application and submit it with at least three (3) photographs of your work along with your booth fee.
2. Mail application, photos and check to: Carlinville Christmas Market Foundation, P.O. Box 18, Carlinville, IL 62626.
3. APPLICATION DEADLINE: JULY 1, 2009.
4. Notification of acceptance will be mailed in August, 2009.
5. Refunds for any reason will not be made after November 15, 2009.

MARKET ENTRY FEE INFORMATION

Fees: **\$175 for 8'x8' booth; \$265 for 10'x12' booth; \$225 plus 10% of profits for a food booth.**

All applications submitted after July 1, 2009 will incur a \$75.00 late fee.

All arts and crafts booths are in heated tents and electricity is available at no additional cost.

EXHIBITOR RULES

- ✓ Check-in will begin at 8:00 a.m. on Friday, December 4, 2009 – exhibitors must check in and receive their packets. Donuts and Coffee will be provided by the Carlinville Chamber of Commerce from 8:00 a.m. to 10:00 a.m.
- ✓ After unloading and set up, all vehicles must be moved from the downtown square – designated parking will be provided.
- ✓ No electric heaters are allowed – the tents are heated with propane.
- ✓ There is no wall space for hanging items.
- ✓ Overnight security is provided Friday and Saturday nights.

LIABILITY

The Carlinville Christmas Market Foundation assumes no responsibility for damage of any kind at any time to artists' work and other personal property including damage due to theft or weather conditions.

FOR CHRISTMAS MARKET FOUNDATION USE ONLY

Date Rec'd. _____ Amt. Rec'd. \$ _____ Booth Size _____ x _____
Number of Booths _____ Booth Number(s) _____
_____ Ap. Accepted _____ Ap. Denied Date Notified _____

2009 APPLICATION—CARLINVILLE CHRISTMAS MARKET

PLEASE PRINT LEGIBLY

First Time Exhibitor _____ I have participated in _____ (number of) Markets

NAME _____

BUSINESS NAME _____

TELEPHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

VEHICLE LICENSE PLATE # _____

Email: _____ website _____

HAND-CRAFTED MEDIA (Circle) Wood Crafts Apparel Jewelry
Photography Ceramics Needlework Dried/Silk Florals Painting
Other Media (specify) _____

FOOD - Please list all items on your menu and provide a list of cooking devices you will use (e.g., crockpots, roasters, etc.)

FOOD BOOTH: _____

ARTS/CRAFTS BOOTH(S): East Tent (\$175/space) 8'X8' _____ # OF SPACES: _____

West Tent (\$265/space) 10'X12' _____ # OF SPACES: _____

FOOD BOOTH (\$225 + 10% of profits): Size of your canopy/trailer _____ x _____

Please return this form, Booth Fee, at least three (3) photos to: Carlinville Christmas Market Foundation, attn: Exhibitor Committee, P.O. Box 18, Carlinville, IL 62626. Make check payable to CCMF.

GENERAL RELEASE: The undersigned does forever discharge, release and hold harmless the CARLINVILLE CHRISTMAS MARKET FOUNDATION, its agents, representatives and assigns of and from any and all manner of action, suits, damages or claims whatsoever arising from any loss or damage to the person or property of the undersigned while in the possession or under supervision of the CARLINVILLE CHRISTMAS MARKET FOUNDATION and hereby consents to the enforcement of all rules of the Market as set out in the above information and in the letter of instruction to be mailed to accepted exhibitors.

APPLICANT'S SIGNATURE _____ Date _____