



Office Use	
Date Received:	
Amount Paid	
Cash: _____	Check: _____
Booth Number _____	
Acceptance Letter _____	
Information Packet _____	

**25th Annual
D.A.R.E. HOLLY FESTIVAL
"Chic Fest" 2018**

**CANCELLATION REFUNDS WILL NOT BE MADE AFTER JULY 15TH
BOOTHS ARE NOT TRANSFERABLE**

Saturday, November 10th 10:00 a.m. to 4:00 p.m.
Sunday, November 11th 11:00 a.m. to 3:00 p.m.

**BERNARD CAMPBELL MIDDLE SCHOOL
1201 N.E. COLBERN RD LEE'S SUMMIT, MISSOURI**

Please Print or Type:

Previous exhibitor with the Holly Festival? Yes _____ No _____

NAME: _____ **Phone:** (____) _____

ADDRESS: _____ **E-mail address:** _____

CITY: _____ **STATE:** _____ **ZIP** _____

TYPE OF CRAFT....LIST ALL ITEMS....BE SPECIFIC

DAYS PARTICIPATING: _____ SATURDAY _____ SUNDAY

PRICE: BOTH DAYS \$75 SATURDAY ONLY \$45 SUNDAY ONLY \$30

DO YOU NEED ELECTRICITY Yes _____ No _____

If yes please explain for what purpose: _____

NUMBER OF TABLES (\$10.00 EACH) _____

MAKE CHECKS PAYABLE TO: Lee's Summit CARES. Specify 2018 Holly Festival in the memo line. Send Application, check & self addressed business size envelope to:

**Lees Summit CARES
Attn: Holly Festival
901 N.E. Independence Avenue
Lees Summit, MO 64086
Phone Number: 816 347-3248**

ALL CRAFTERS PARTICIPATING IN YOUR BOOTH MUST SIGN THIS CONTRACT ON THE REVERSE SIDE.

PLEASE READ AND SIGN:

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the Lees Summit CARES, the Lee's Summit School District, and Bernard Campbell Middle School and any individual associated with the event, their representatives, successors and assigns for any and all injuries, damages, thefts, or losses of any kind suffered by me or inflicted upon my property in connection with my participation in the Holly Festival.

ALL PERSONS SHARING A BOOTH MUST SIGN:

SIGNATURE: _____ DATE _____.

PRINTED NAME: _____.

ADDRESS: _____.

CITY: _____ STATE: _____ ZIP: _____.

SIGNATURE: _____ DATE _____.

PRINTED NAME: _____.

ADDRESS: _____.

CITY: _____ STATE: _____ ZIP: _____.

SIGNATURE: _____ DATE _____.

PRINTED NAME: _____.

ADDRESS: _____.

CITY: _____ STATE: _____ ZIP: _____.

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ADDRESS: _____.

CITY: _____ STATE: _____ ZIP: _____.