



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

**24th Annual  
D.A.R.E. HOLLY FESTIVAL  
2017**

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

Saturday, November 11th 10:00 a.m. to 4:00 p.m.  
Sunday, November 12th 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....SEND PHOTOS OF CRAFTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU NEED ELECTRICITY Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain for what purpose: \_\_\_\_\_

NUMBER OF TABLES (\$10.00 EACH) \_\_\_\_\_ PRICE OF BOOTH \$90

**MAKE CHECKS PAYABLE TO:** Lee's Summit CARES. Specify 2017 D.A.R.E. Holly Festival in the memo line. Send Application, check, self addressed business size envelope and photos 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.**

NOTE: Submitting this application or by being a prior exhibitor does not guarantee participation in the Holly Festival. Yearly judging enables us to present a craft show that has exceptional quality and diversity.

**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: \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_.

PRINTED NAME: \_\_\_\_\_.

ADDRESS: \_\_\_\_\_.

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_.

PRINTED NAME: \_\_\_\_\_.

ADDRESS: \_\_\_\_\_.

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_.