

Scarecrow Scramble & Fall Festival Application Form

October 15th, Time 2:00-10:00pm (Set up starts at Noon)

Name of Artist/Crafter/Booth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail _____ Phone Number: _____

Name of Company _____

Website _____

Briefly describe your work to be sold including material, technique, etc.

Please indicate the category

Ceramics, Clay, Pottery, Porcelain Paintings & Drawings Kids Corner recycled Art & going green theme
 Fiber Photography Glass Sculpture Jewelry Wood Food Product Sports
 Mixed Media Other: _____

Other Includes: Handmade Candles, Oils, Lotions, Honeys, Healing Herbs and Teas. Chocolate designs & Artisan Cheeses

Massages, Henna, Interactive Art , Caricature artists

What is the average price point of your items (choose one).

\$0 - \$25.00 \$25.01 - \$50.00 \$50.01 - \$100.00 \$100.01 - \$300.00 \$300.01 - \$500.00 \$500.01 - \$700.00 \$700.01 - \$1,000.00 \$1000.01 - \$2,000.00 \$2000.01 - \$5,000.00 \$5000.01 - and up

Please describe how you will merchandise your booth area.

Fees:

Make checks payable to: Lisle Partners for Parks Foundation

Non-refundable Application/Entry Fee: \$50.00 for a 10x 10 space

Space is: 10' x 10' you will provide own tent, tables, chairs.

Space only \$50 _____ I need a trailer space too \$10 extra. _____

TOTAL AMOUNT OF CHECK \$_____ Check Number: _____

By signing this, the undersigned agrees to abide by the contents of all the rules and regulations outlined on our Website in the Rules and Regulation form.

I will conduct myself in a professional manner with respect to my neighbors, volunteers, and the Scarecrow Scramble Officials. I fully understand that if the officials of the Scarecrow Scramble find fault with my product or conduct, I will correct it or voluntarily leave without refund.

I agree to indemnify and hold harmless Lisle Park District, Lisle Partners for Parks Foundation, Scarecrow Scramble, its employees, volunteers, a result from my entry in the Scarecrow Scramble Fall Festival.

Signed _____ Printed name _____

Date _____

Business Name: _____

Please return this completed and signed application to: Lisle Park District, 1925 Ohio Street, Lisle, IL 60532

Questions: Contact Lisa Leone at 630.353.4304 or lleone@lisleparkdistrict.org