

**Scarecrow Scramble & Fall Festival Application Form**

**October 14<sup>th</sup>, Time 3:00-9:00pm (Set up starts at 1:00pm)**

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.

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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.

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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