

Name for Show Radge:

Lebanon Art & **Crafts Association**

P.O. Box 188, Lebanon, NH 03766 • www.lebanonartandcrafts.org • 1



Member #

Christmas Show & Sale Application

(First name 161 Address:			(Last na	me) ne	#	_ (
lease complete this form and retuelow. After September 30 ther ke to know as soon as possible hequesting.	e will be no r	efund	s of show	fee	es unless we don	't sec	ure a spot. We would
understand that according to LA member of the Association. I ag rork, and agree to set up and rem the close of the show. I understand from my check for each scheduled by display may be removed altogetically.	ree to abide by ove my displa d that if I do no d time for whice	all they with ot come of I do	ne rules of ain the special plete my o not appe	the ecif sch ar.	e Show and Sale, led hours. I also a neduled work tim I understand that	compagree ne, \$20 t if I a	olete my assigned to help clean up after of will be deducted m habitually absent,
in the contraction with loss of life constitutes acceptance of these terms and against any and all claim ees, in connection with loss of life constitutes acceptance of these terms are the constitutes acceptance of the constitutes acceptan	sible for any loor any other casary and as out ill indemnify Ins, actions, der fe, personal inj	oss sus use or lined Leband nands	stained by reason; t in the Sho on Art & , liability	an out ow a Cra	y exhibitor or any will use reasonable and Sale guideling fts Association, of the expenses, inclu-	y othe car ne, exl et al, a ding r	er person by reason of re to protect the nibitors should acquire and save it harmless easonable attorney
acknowledge that in addition t	to the above st	tatem	ents I hav	ve:			
☐ Fully read and understa☐ Fully read and understa☐ Attended at least 3 meet	and the Christ	mas S	Show & S		otherwise pay \$		missed meeting
Fees (see first paragraph)				For Office Use Only			
	Show fee		\$50.00		Date	Paid	
				i			_
# Missed meetings		+ \$				Cash	☐ Check #
					Total Rece		□ Check #\$

application.

Name	
Telephone Number (day)	(evening)
E-mail Address	Cell number
Exhibit: Submit a list with a general description of what please read the food guidelines included with this application.	
Space: Provide detailed information on the dimensions indicate whether it is freestanding or needs to go against (racks, bi-folds, Christmas tree, etc.) figure how much s needs, such as electrical outlets. Bear in mind that if we spaces to 3' by 6' by 6'.	t a wall. If you have a number of freestanding units pace each one requires. Be sure to list any special