



# Colonial Beach Chamber of Commerce

## 44th ANNUAL BOARDWALK ARTS AND CRAFT FESTIVAL APPLICATION, SEPTEMBER

Please complete and return page 2 of this application with your check (or money order) made payable to: Colonial Beach Chamber of Commerce. The entry fee is non-refundable in the event vendor cancellation occurs within ninety (90) days of Festival.

1. Number of spaces requested BEFORE June 1, 2010 (\$100.00 each) \_\_\_\_\_
2. Number of spaces requested (\$125.00 each) \_\_\_\_\_
3. Electricity (\$10.00) limited space  yes  no
4. Total amount enclosed \$ \_\_\_\_\_

Please indicate exhibit type:

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Ceramic     | <input type="checkbox"/> Fiber                         | <input type="checkbox"/> Oil Paintings     |
| <input type="checkbox"/> Wood        | <input type="checkbox"/> Glass                         | <input type="checkbox"/> Acrylic Paintings |
| <input type="checkbox"/> Sculpture   | <input type="checkbox"/> Other – Please explain: _____ |  |
| <input type="checkbox"/> Photography | _____  |  |
| <input type="checkbox"/> Jewelry     | <input type="checkbox"/> Pottery                       | <input type="checkbox"/> Pen and Ink       |
|                                      |  | Watercolor                                 |

Please indicate the category you wish to be judged in:  ART  CRAFT

Vendor Information:

\_\_\_\_\_  
COMPANY NAME (PLEASE PRINT)

\_\_\_\_\_  
EXHIBITOR NAME (PLEASE PRINT) E-MAIL ADDRESS

\_\_\_\_\_  
EXHIBITOR ADDRESS, CITY, STATE AND ZIP CODE (PLEASE PRINT)

\_\_\_\_\_  
EXHIBITOR PHONE NUMBER

\_\_\_\_\_  
ALTERNATE PHONE NUMBER

I have read and agree to all rules; regulations and guidelines set forth for this event by the Colonial Beach Chamber of Commerce and understand that the sponsor is not responsible for loss or damage.

\_\_\_\_\_  
EXHIBITOR SIGNATURE

\_\_\_\_\_  
DATE