

Lakeshore Festival & Events
P.O. Box 2138
Chesterton, IN 46304
 Phone 219/983-1691 Fax 219/926-2532

| | |
|---------------------------|-----------------------------|
| Date Recd. _____ | Time _____ |
| Initials _____ | Amt. Recd. _____ |
| Cash _____ | Check # _____ Visa/MC _____ |
| No Fee Enclosed _____ | Photos _____ |
| Stamps/Envelopes _____ | Insurance _____ |
| ----- | |
| Apprvd _____ | Date appr. _____ |
| Booth #(s) _____ | |
| Booth Fee _____ | # Of Spaces _____ |
| Electric Fee _____ | Judy/Oz _____ |
| Total Fees Received _____ | |
| Date Deposited _____ | Initials _____ |
| Date QB _____ | Initials _____ |

27th Annual Indiana Wizard of OZ Festival

September 13 - 14, 2008

Porter County Expo Center
 215 E. Division Road
 Valparaiso, IN 46383

Application for Crafts, Oz Commercial, Commercial & Information Booths

NAME _____

ADDRESS _____

CITY _____ STATE & ZIP _____ PHONE _____

Notice. . . Please read this important information about your application!

Please be sure to include your total booth fee and signed application. **It is necessary that you provide us with a specific description and photos of your wares, photos of your work in progress and display (even if you have previously participated).** You can sell only pre-approved merchandise. Any changes must be approved by the Booth Chairman. Also, please enclose a business size (4" x 9 1/2") self addressed envelope and two .41 stamps. **Confirmation and photos will not be returned if the self addressed stamped envelope is not provided.** We cannot accept any applications without these items. Please list all items so we won't place you next to a vendor with the same items. **FAILURE TO SUBMIT ALL REQUIRED INFORMATION AND FULL BOOTH FEE WILL RESULT IN DELAY OF YOUR APPLICATION.** Crafter needs to furnish tables, chairs, canopies, etc. **Due to a new state regulation ALL TENTS MUST BE FLAME RETARDANT.**

Booth assignments are on a first come-first served basis. Once you are accepted and a space assigned, there will be no changes or refunds made. Refer to the information sheet for rules and requirements.

CRAFT & HANDMADE _____

OZ ONLY COMMERCIAL _____

COMMERCIAL _____

INFORMATION _____

OTHER _____

Booths will be assigned on a first come basis.

- turn over-

Indoor Booth Fees: CRAFT: 10' X 10' _____ \$175.00 10' X 20' _____ \$350.00
 COMMERCIAL: 10' X 10' _____ \$225.00 10' X 20' _____ \$450.00
 (Nonprofit Organizations pay only \$125 - 10 x 10 and \$250 - 10 x 20)

Outdoor Booth Fees: CRAFT: 10' X 10' _____ \$150.00 10' X 20' _____ \$300.00
 COMMERCIAL: 10' X 10' _____ \$200.00 10' X 20' _____ \$400.00
 (Nonprofit Organizations pay only \$100 - 10 x 10 and \$200 - 10 x 20)

Late fee for application postmarked after August 1, 2008 _____ \$20.00

Electric Fee _____ \$30.00 per plug

TOTAL AMOUNT ENCLOSED \$ _____
 WE ACCEPT VISA/MASTERCARD (see below)

****ATTENTION OZ COLLECTORS, OZ CRAFTERS & ARTISTS****

We are offering you an opportunity to sell your wares at the popular **JUDY/OZ EXCHANGE** held Saturday night, September 15th from 7:00 to 10:00 p.m. The Judy/Oz Exchange is a collector's haven of memorabilia from the 1939 Classic movie and Judy Garland items. An auction is also held that will include various Oz items and some items donated by the Munchkins. The original Munchkins from the movie will be there in person offering photos and signing autographs. The Judy Oz Exchange will be held at the Porter County Expo Center. Table rental space is \$40.00. You can sign-up now by checking the space below and adding your \$40.00 fee to your booth fee. You will be contacted at a later date and we will send you a map and exhibitor ribbon. Don't miss this exciting event!

Yes, I want a table at the Oz Exchange. I have enclosed \$40.00 (per table) \$ _____.

MAKE ALL CHECKS PAYABLE AND MAIL TO:
Lakeshore Festival & Events
P.O. Box 2138
Chesterton, IN 46304

TOTAL AMOUNT ENCLOSED \$ _____
 WE ACCEPT VISA/MASTERCARD

Charge to my Visa/MasterCard# _____ Expiration date _____
 CVV2 code # _____ Zip code for Billing Address for Credit Card _____

For Security Reasons, you must provide us with the following information; Where will you be staying Overnight, (Name of campgrounds, local motel friends or cell phone #) - Names of anyone who will be working in your booth(any changes must be approved by festival organizers prior to Festival)

I give my permission for the Lakeshore Festival & Events to share my vendor information with other festival organizers.
 Yes _____ No _____

Is the correct Booth fee's enclosed? Photos of your wares and work in progress enclosed? Did you enclose a self addressed envelope and two .41 stamps(or current stamp rate)? Did you keep the information sheet and rules for your records? Did you sign and date the liability statement?

Because of the family nature of the Wizard of Oz Festival, absolutely no alcohol beverages or illegal substances are permitted in vendor's booths or on the festival grounds. Violators will be asked to leave immediately and will not be allowed back to future festivals.

Those making application must read the following liability statement and understand all rules and regulations on the information sheet and sign below that you have done so.

LIABILITY STATEMENT:

IN CONSIDERATION FOR BEING ALLOWED TO BE AN EXHIBITOR AND BEING FULLY ADVISED OF THE PREMISES I AGREE TO HOLD HARMLESS PORTER COUNTY & PORTER COUNTY EXPO CENTER ITS BOARDS, DEPARTMENTS, AND EMPLOYEES AND THE LAKESHORE FESTIVAL & EVENTS. ITS DIRECTORS, EMPLOYEES, AND MEMBERS FROM ANY RESPONSIBILITY WHAT-SO-EVER FOR LOSS OR DAMAGE TO ANY OF MY PERSONAL PROPERTY REGARDLESS HOW THE DAMAGE OCCURRED. I ALSO AGREE TO HOLD HARMLESS AND INDEMNIFY THE AFOREMENTIONED ENTITIES FROM A PERSONAL INJURY THAT I, OR PEOPLE ASSISTING ME IN MY EXHIBIT, MIGHT INCUR OR THAT MIGHT BE CAUSE TO OTHERS BY VIRTUE OF MY EXHIBIT. I FULLY UNDERSTAND THAT THERE IS NO INSURANCE COVERAGE BEING PROVIDED BY PORTER COUNTY, PORTER COUNTY EXPO CENTER OR THE LAKESHORE FESTIVAL & EVENTS FOR MY EXHIBIT. I ACKNOWLEDGE AND REPRESENT THAT I HAVE ALL REQUIRED INSURANCE TO PROTECT MY PERSONAL PROPERTY AND TO PROVIDE LIABILITY FOR PERSONAL INJURY OR DAMAGE TO PROPERTY THAT MIGHT BE SUSTAINED BY MYSELF OR ANYONE ELSE AS A RESULT OF THE EXHIBITS AT THE THIS EVENT.

 Signature of Exhibitor-Please sign clearly Please print name Date