



# DEAFESTIVAL - KENTUCKY

Application for Crafter Venue  
Louisville, Kentucky September 3, 2016



The Crafter Venue will be held on the Belvedere adjacent to or inside the Kentucky Center. Each 10' by 10' booth includes one (1) draped 6' table, two (2) chairs, and one (1) booth identification sign.

Interested Crafters must complete this application prior to the **July 1, 2016 deadline**. Each space is assigned based on submission date, uniqueness and diversity of exhibit and full payment received with the completed application.

Booth	Electric
\$125.00	\$50.00

Set-Up	Venue Hours	Breakdown
Friday 9/2/16 10 am -3 pm	Saturday 9/3/16 9 am - 5 pm	Saturday 9/3/16 5 pm - 6 pm

**Please PRINT clearly:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ VP: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of booths/electrical needs requested: \_\_\_\_\_ (\$50 electric charge each)

Name of person(s) at the booth other than yourself: \_\_\_\_\_

### **BOOTH IDENTIFICATION SIGN**

Print the information exactly as you wish it to appear on the booth identification sign:

**NAME:** \_\_\_\_\_ **Product Description:** \_\_\_\_\_

### **Cancellation of Crafter Contract:**

Should a Craft Artist cancel the reserved space - DeaFestival retains 100% of contracted cost. No Refunds.

### **CRAFTER AGREEMENT:**

*The undersigned hereby applies for booth space with DeaFestival-Kentucky on September 3, 2016. We understand and agree to the above rules. This application becomes a contract once accepted and signed by the DeaFestival-Kentucky Coordinator. A copy of the contract will be returned with a confirmation letter by July 15, 2016.*

*We understand that all fees are to be paid in full, checks payable to Knowledge Center on Deafness (KCD), upon submission of the signed application/contract. Applications are incomplete if payment is omitted.*

\_\_\_\_\_  
(Signature of Craft Artist)

\_\_\_\_\_  
(Date)

**METHOD OF PAYMENT:** (Payable to Knowledge Center on Deafness)  Money Order  Check **Total:** \_\_\_\_\_

**Mail signed contract and payment to: KCD \* P.O. Box 618 \* Frankfort, Kentucky 40601**

For more information go to: <http://www.deafestival.org> or <http://www.kcdhh.ky.gov>

\_\_\_\_\_  
(DeaFestival-Kentucky Signature)

\_\_\_\_\_  
(Date)

FOR OFFICE USE:

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