



DEAFESTIVAL – KENTUCKY

Application for Craft Artist Venue
Louisville, Kentucky August 30, 2008

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

Interested Craft Artist's must complete this application prior to the **June 15, 2008 deadline**. Each space is assigned based on submission date, uniqueness and diversity of exhibit and full payment received with the completed application.

Craft Artist	Electric	Set-Up	Venue Hours	Breakdown
\$125.00	\$50.00	Friday 8/29/08 Noon - 4 p.m.	Saturday 8/30/08 10 a.m. - 6 p.m.	Saturday 8/30/08 6 p.m. - 7 p.m.

Please **PRINT** clearly:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone () _____ Home () _____ VP Number _____

Fax () _____ Email Address(es) (Include a pager address if you have one): _____

Number of booths/electrical needs requested : 1 2 3 Electric (\$50 additional 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 Craft Artist Contract:

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

CRAFT ARTIST AGREEMENT:

The undersigned hereby applies for booth space with DeafFestival-Kentucky on August 30, 2008. We understand and agree to the above rules. This application becomes a contract once accepted and signed by the DeafFestival-Kentucky Coordinator. A copy of the contract will be returned with a confirmation letter by June 30, 2008.

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 (select one) Money Order or Check (Payable to *Knowledge Center on Deafness*) enclosed. Total: _____

DeafFestival-Kentucky Signature _____ Date: _____ Booth # _____

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>