



DEAFESTIVAL – KENTUCKY

Application for Craft Artist Venue

Louisville, Kentucky July 1, 2006

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 **May 15, 2006 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 6/30/06 12:00 pm - 4:00 pm	Saturday 7/1/06 10:00 am - 6:00 pm	Saturday 7/1/06 6:00 pm - 7:00 pm

Please PRINT clearly:

Name: _____

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

Daytime Phone () _____ Home () _____ 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 - DeaFestival retains 100% of contracted cost. No Refunds.

CRAFT ARTIST AGREEMENT:

The undersigned hereby applies for booth space with DeaFestival-Kentucky on July 1, 2006. 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 May 30, 2006.

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 KCD) enclosed Total: _____

DeaFestival-Kentucky Signature _____ Date: _____ Booth # _____

Mail signed contract and payment to: **KCD C/O Sereta Campbell
P.O. Box 618
Frankfort, Kentucky 40601**

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