**Entry Form**

**Riverfest 2024**

Wednesday July 3rd – Saturday July 7th

MAIL TO: Riverfest Arts and Crafts

P.O. Box 1745

La Crosse, WI 54602-1745

**\*\*Important, Please Read\*\*** All items to be sold in booths must be listed on your entry form. If you wish to add an item to the list, please contact me via email. This is a first come, first serve basis. Spots will be given randomly if you have a preference please note it. Once placed in a space it will become non-negotiable. We will notify you of items that are not approved. **Any items displayed must have been listed on your application form that you already submitted and approved; additions must be arranged before opening.**  Vendors will be required to remove unapproved items immediately. Thank you for your cooperation. Please make the appropriate arrangements to be there at the beginning of each day of fest. **Please note if electrical is needed**.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Address:** Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_ZIP\_\_\_\_\_\_\_

**\*Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Returning Vendor: YES NO**

**Electrical Needed: YES NO**

Enclosed is my check for $100 for each 12’ X 12’ area including an electrical outlet if needed. Also included are slides or photos of my work. I accept full responsibility for any damage or loss of displays and inventory. I hereby release Riverfest, Inc. from any and all claims for loss, damage or injury.

**Number of booths \_\_\_\_\_\_ X $100 = $\_\_\_\_\_\_\_\_**

**Total Due $\_\_\_\_\_\_\_\_\_**

**Total Paid $\_\_\_\_\_\_\_\_\_**

Payment Method: Check Cash

Wisconsin Seller ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_/\_\_\_