

43rd Annual Muscoda Morel Mushroom Festival Application
Saturday May 18, 2024

Please print - YOUR APPLICATION WILL BE RETURNED IF WE CANNOT READ IT!

BOTH SIDES must be completed and returned with payment

BUSINESS NAME: _____
NAME: _____
MAILING ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
PHONE: (_____) _____ E-MAIL: _____

Check the section that best describes your business:

- MERCHANDISE IS HAND CRAFTED BY YOU
- RESALE, IMPORTED, FLEA MARKET
- FOOD
- OTHER: consultant for: _____

DESCRIPTION OF MERCHANDISE OR FOOD – MUST BE COMPLETED:

Number of 15' x 15' **CRAFT** sites @ \$35 per site: How many sites _____ x \$35 = _____

Number of 15' x 15' **FLEA MARKET** sites @ \$35 per site: How many sites _____ x \$35 = _____

Number of 15' x 15' **FOOD** sites @ \$35 per site: How many sites _____ x \$35 = _____

If you request the same site from 2023, please indicate the site # preference and any special needs here. And return the app by March 15th We will try our best to accommodate your request:

If no special requests, please return this form by April 30th. AFTER April 30th, EACH SITE IS \$60 AND PAYMENT MUST BE MADE IN CASH OR MONEY ORDER.

PLEASE MAKE CHECKS PAYABLE TO:
VILLAGE OF MUSCODA PO Box 206, Muscoda, WI 53573
web site: www.muscoda.com email: amy.clerk@muscoda.com

I agree to assume full responsibility for any loss or damage to exhibits. Furthermore, I do not hold the Muscoda Festival Committee or the Village of Muscoda liable in the event of loss, damage, accident, or injury of any kind. I agree to be set up one hour before show time and will not dismantle until 5 pm on Saturday. I understand that all fees are non-refundable and confirmation will not be issued until check payment clears all banks. I have read in full and agree to the terms and conditions listed in the general information sheet.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Date Paid: _____ **Amount Paid:** _____ **Ck No:** _____