

Enroll online at <u>lprd.org</u> or complete the following and mail to:

ATTN: Ross Schraeder Sports Pavilion Lawrence® 100 Rock Chalk Ln. Lawrence, KS 66049

Or email to: rschraeder@lawrenceks.org

**SPRING ARTS AND CRAFTS FESTIVAL** 

STAFF USE ONLY		
DATE	AMT. PAID	CHECK #
CASHCC_	ELECTRICITY	# OF TABLES

SUMMER FEST ARTS AND CRAFTS SHOW

## ENROLLMENT FORM LPRD ARTS AND CRAFTS FAIRS

ENTRY DEADLINE & NO REFUNDS AFTER: MONDAY PRIOR TO EVENT OR FULL

## **SELECT ALL THAT APPLY**

☐ 625500-A \$75 Non-Commercial ☐ 625500-B \$115 Commercial ☐ 625500-C \$80 Non-Commercial + Electricity ☐ 625500-D \$120 Commercial + Electricity  TABLE RENTAL (\$10 per table) Quantity:	□625501-A \$75 Non-Commercial □625501-B \$115 Commercial □625501-C \$80 Non-Commercial + Electricity □625501-D \$120 Commercial + Electricity  TABLE RENTAL (\$10 per table) Quantity:
HOLIDAY BAZAAR  ☐ 625503-A \$75 Non-Commercial ☐ 625503-B \$80 Non-Commercial + Electricity  TABLE RENTAL (\$10 per table) Quantity:	HOLIDAY EXTRAVAGANZA    625504-A
The Lawrence Parks & Recreation Department reserves the right to reject any exhibits.	TABLE RENTAL (\$10 per table) Quantity:
Items made from commercial kits or of a commercial nature are accepted. Jewelry exhibits will be limited! Exhibitors will receive additional information 1 to 2 weeks prior to the event. Previous booth spots or locations not guaranteed.	TOTAL FEES: \$ TOTAL ENCLOSED: \$
APPLICANT'S NAME	
ORGANIZATION OR EXHIBITION NAME	(FIRST)
ADDRESS(STREET) (CIT	
(STREET) (CI	TY) (STATE) (ZIP)
EMAIL	PHONE
Please give a brief description of what you will be sell  If more space is needed, please attach additional pages	ing. *Photos may be required
LIST PERSON(S) WORKING AT YOUR BOOTH	
and agents from any and all claims, actions, damages, costs, liabilities, settlements, jud from accident, injury and illness that I (and/or my associates) may suffer as a result of pand any and all other claims resulting from injuries, damages, thefts and losses sustain extent that such are caused by my (and/or my associates') breach of this agreement event of an emergency, I authorize City officials to secure from any licensed hospital	ase and discharge the City of Lawrence, Kansas, its commissioners, officers, employees, gments, expenses, or lawsuits, including attorneys' fees, from any and all liability arising articipation in such event or consequent exposure to the Novel Coronavirus (COVID-19) led by me arising out of, connected with or in any way associated with the event, to the or by my (and/or my associates') negligence in relation to the underlying event. In the physician or medical personnel any treatment deemed necessary for my (and/or my all medical services rendered. If any damage to City facilities, equipment or material

occurs as a result of misuse by me (and/or my associates) during use in the event enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs, events and activities for marketing in print of by electronic means. Registration is not valid without signature. For faxed

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.