

Please read carefully and fill out, sign & d Taylor County Maple Festival. Upon a Tha	11	date the application and	1 0
Exhibitor Name:			
Business Name:			
Mailing Address:			
City:			
Phone: (daytime):			
WI Seller's Permit No.:			
Specify all Maple Products, Equipment & Ci			
Display hours are 8:00 am - 4:00 pm. Saturday, April 26, from 6:30 am Spaces are 10' x 10' inside heated buil	- 8:00 am. Electricity	is available. Outdoor	space available.
Cost per space is \$50.00	Spaces Needed	x \$50 = \$	
		Check #	
We agree to the Taylor County Maple Festiv Maple Festival on Saturday, April 26, 2014. We and close down no sooner than 4:00 pm. We agree Committee. We also agree to leave the pren is not responsible for any accidents, loss of We underst	agree to abide by the rules s ee to exhibit and present only nises clean and free of debris	set forth: Booths must be rea y items approved by the Tay s. The Taylor County Maple or personal property from a	ady to operate by 8:00 am ylor County Maple Festival e Festival Committee
THIS FORM MUST BE SIGNED TO BE ACC			
	Exhibitor Signature		Date
	O: DAVE & SHIRLE		
	NSTOWN AVE. • ME re & Shirley (715) 785-75	· · · · · · · · · · · · · · · · · · ·	ls net
	c a sinney (115) 105-15	15 of offian usioniko(W)	13.1101

or Sandi Kuenne (715) 785-7108 or email: lion-sandi@hotmail.com

THIS AREA IS FOR OFFICE USE ONLY I HEREBY ACCEPT THE ABOVE APPLICATION:

= \$

BOOTH PRICE \$50 x

CHECK #

RECEIVED: