Arkansas Craft Guild's 40th Annual Christmas Showcase November 30, December 1 & 2, 2018 Arkansas State Fairgrounds, Little Rock, Arkansas

## APPLICATION FORM

\_\_10 x 10 @ \$325

\_\_DOUBLE BOOTH \$550 along wall

\_\_ 10 x 15 along wall \$450

#\_\_Tables @ \$12 ea # Chairs @ \$3 ea

\_\_DOUBLE BOOTH IN CENTER has corner \$575 (ltd) \_\_10 x 10 corner in center \$350 (ltd. Availability)

This is a juried show. All work must be original - designed and crafted by the artist who must be present at the show. Arkansas Craft Guild Members and returning Christmas Showcase guest artists do not need to jury for this show.

**NEW APPLICANTS**: Must submit 5 images of your work and one of your booth display and a completed application by email to <a href="mailto:arkansascraftguild@gmail.com">arkansascraftguild@gmail.com</a> with CHRISTMAS SHOWCASE JURY in the subject line. If you are unable to email your information, you may send a CD with images of your work and your completed application to Arkansas Craft Guild Christmas Showcase, P. O. Box 800, Mtn. View, Arkansas 72560. The images will be sent to the Christmas Showcase jury committee. You will be notified by email of the jury's decision. A \$15.00 nonrefundable jury fee will be charged, along with booth fees, if you are accepted. We must receive at least a \$100 deposit on your booth before one is reserved.

Guest artists need not be an Arkansas resident. Complete this application and return with images of

10 x 15 \$475 in center with corner (2 artists must request this to share a 3 booth segment.)

Total cost:	-
Booth reservation fee (\$100.00 Min	nimum) (Upon acceptance)
A booth will be reserved only after	receipt of at least a \$100 deposit.
Balance Due \$ (BY Sept. 1,	2018 - \$25.00 late fee after that date)
Cancellation Policy: Cancellations before October 1 will be charged a \$25 handling fee, deducted from the refund. No refunds after October 1, 2018.	
Return this application and applicable ARKANSAS CRAFT GUILD, PO BOX 800	check (payable to Arkansas Craft Guild) to  7, MOUNTAIN VIEW, AR 72560
Payment Method: Check #	
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Signature	Date