

## Linville Orchards 2019 Arts & Music Festival - September 21 & 22

Rain dates: September 28 & 29

Please print, all fields are required. Applications will not be processed if incomplete.  
Please read rules carefully! Questions? Call 610-876-7116 or E-mail: [artshow@linvilla.com](mailto:artshow@linvilla.com)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_  KEEP CONTACT INFORMATION PRIVATE – SEE #16 ON GUIDELINES

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

DO YOU REQUIRE A HANDICAPPED PARKING SPACE? YES / NO

ARE YOU A RETURNING VENDOR? YES / NO

WILL YOU BE DEMONSTRATING YOUR WORK AT THE SHOW? YES / NO

### REMINDER: NO RESALE OR CORPORATE LOGO MERCHANDISE ALLOWED

TYPE OF ART / CRAFT:

WOOD  
UPCYCLE / FURNITURE / HOME DÉCOR  
*CIRCLE WHAT APPLIES*

SCENTS  
SOAPS / LOTIONS / BATH BOMBS / OILS / CANDLES  
*CIRCLE WHAT APPLIES*

JEWELRY  
PRECIOUS / NON-PRECIOUS / LEATHER / FABRIC  
*CIRCLE WHAT APPLIES*

GLASS  
FUNCTIONAL / DECORATIVE / STAINED  
*CIRCLE WHAT APPLIES*

WREATHS

ART  
PAINTING / MIXED MEDIA / PHOTOGRAPHY  
*CIRCLE WHAT APPLIES*

NEEDLECRAFT  
CLOTHING / HOME DÉCOR / TOTES & HANDBAGS  
*CIRCLE WHAT APPLIES*

CERAMICS  
POTTERY / CLAY / STONWARE  
*CIRCLE WHAT APPLIES*

METAL

OTHER: \_\_\_\_\_

**IMAGE & DESCRIPTION OF WORK:** Please include in your description the materials used, the approximate size of the piece, techniques used and price. This information will be displayed to the selection committee along with its corresponding image.

Check if you are submitting pictures via email: [artshow@linvilla.com](mailto:artshow@linvilla.com)  
Images must be in jpg format. Please include description & price with each image you submit via email.

Check if you are a returning vendor from our 2017 and/or 2018 Festivals. If you are returning, we have your images on file.  
Please note: If you are creating new products and would like to sell them please submit images. Thank you.

1	Description:
1	Price:

2	Description:
2	Price:

3	Description:
3	Price:

4	Description:
4	Price:

# LINVILLA ORCHARDS

137 West Knowlton Road Media PA 19063 Phone 610-876-7116 Fax 610-876-7146 www.Linvilla.com

SHOWS PARTICIPATED IN 2018/19: \_\_\_\_\_  
(Not including Linvilla Orchards) \_\_\_\_\_  
\_\_\_\_\_

## HOW DID YOU HEAR ABOUT OUR SHOW?

- |  |   |
|--|---|
| <input type="checkbox"/> PREVIOUSLY PARTICIPATED AS AN EXHIBITOR | <input type="checkbox"/> PREVIOUSLY ATTENDED    |
| <input type="checkbox"/> WHERE THE SHOWS ARE / CRAFTERS GUIDE    | <input type="checkbox"/> GOOGLE / ONLINE SEARCH |
| <input type="checkbox"/> FACEBOOK / INSTAGRAM                    | <input type="checkbox"/> FELLOW EXHIBITOR       |
| <input type="checkbox"/> OUR WEBSITE (LINVILLA.COM)              | <input type="checkbox"/> OTHER: _____           |

## PAYMENT INFORMATION:

**CHECKS ARE NO LONGER ACCEPTED AS FORM OF PAYMENT.**

Please pay via credit card, cash (*in person*) or money order.

Price per 10x15 Space is \$100.

# OF SPACES Requested: \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

I authorize Linvilla Orchards to Charge my: VISA MASTERCARD DISCOVER AMEX

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

BILLING ADDRESS: (If different than above): \_\_\_\_\_

## CHECKLIST: Have you enclosed the following?

- \_\_\_\_ Completed Application
- \_\_\_\_ NON-Refundable Payment  
Your credit card will not be processed unless you are accepted to participate in the show. If you are paying via money order your payment will be returned to you within 30 days if you are not accepted to participate in our show.
- \_\_\_\_ Images of your work (unless submitted via email)
- \_\_\_\_ Self address-addressed envelope with sufficient postage to return my images (if required).

**BY SIGNING THIS I HAVE READ, UNDERSTAND AND AM WILLING TO ABIDE BY THE RULES OF THIS SHOW AS OUTLINED IN THE ENCLOSED RULES AND REGULATIONS SHEET. I HAVE ALSO ATTACHED ALL OF THE NECESSARY INFORMATION NEEDED TO BE PART OF THE SHOW.**

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2019

### OFFICE USE ONLY

DATE APP. RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ CONFIRMATION SENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ DEPOSIT \_\_\_\_\_ SPACE # \_\_\_\_\_