

Pelican Rapids Area Chamber of Commerce

Art in the Park Application

Saturday July 22rd, 2017 10am-4pm

Questions: 218-863-1221 / email: tourism1@loretel.net Web site: www.pelicanrapidschamber.com

Information Table in Park: North of swimming pool in Sherin Park. (Staff will be in both parks to assist you!)

Food Booths and toilet facilities are available in both parks

NO VEHICLES WILL BE ALLOWED TO STAY IN THE PARKS

Cost: \$75.00 for entry fee if postmarked April 30th 2017

May 1st or later fee is \$90.00.

After July 15th spaces may not be available.

Lodging: Pelican Motel: 1-800-423-1172/Pelican Hills Campground: 218-532-3726 (6 miles north)/Maplewood State

Park camping: 218-863-8383 (8 miles east) / The Inn at Dunvilla: 218-863-8000

Art in the Park Regulations

- One person or vendor per spot
- Handcrafted or original art ONLY (please send a picture of your product)
- You are responsible for supplying your own tables and chairs for your space, approximately 15 feet wide.
- No sale or discount signs.
- Anyone not following these rules will be asked to leave with no refund of entry fees
- Park opens Friday evening until 9pm and Saturday morning at 6am
- No vehicles allowed in the parks on Saturday morning

Thank You for your willingness to spend the day with us, we hope it is very profitable!

Confirmation Postcards to those who have paid AND sent in their Operator Certificate of Compliance will be mailed after May 15th please keep your card as it will be your entry ticket to the park.

See postcard for assigned space number

Please return this form, your check, and Operator Certificate of Compliance form to:

Pelican Rapids Chamber of Commerce, Attn: Art in the Park, PO Box 206, Pelican Rapids, MN 56572

Name _____ Address _____

City _____ State _____ Zip _____

Phone Number _____

Please describe your work, original art and crafts ONLY: _____

Please check if you have canopy _____ Dimensions _____

Yes, I would like the same space. Park name: Sherin _____ Peterson _____ Space number: _____

(Office use only) Date _____ Check number _____ Amount _____

NO REFUNDS WILL BE GIVEN