

**Vendor Entry Form due by: August 31, 2026**  
**Competitor/Exhibitor Entry Form Due: September 30, 2026**  
**Special requests for booth location will be honored when possible.**

Exhibitor "A" Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exhibitor "B" Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exhibitor "A" Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Helper's Name (Not Competing): \_\_\_\_\_

If you wish to be adjacent to another exhibitor, please list their name \_\_\_\_\_

Do you need electricity \_\_\_\_\_ Yes \_\_\_\_\_ No (Subject to availability)

Entry Fee: One booth space @ \$10.00 each x number of booth space(s) \_\_\_\_\_ x \$10.00 = \$\_\_\_\_\_

Note: You must cover/drape the front and both sides of your tables to the floor.

I will donate a door prize(s) for the Show: \_\_\_\_\_ I will demonstrate during the Show: \_\_\_\_\_

Area Motel Information (mention you are attending woodcarving show):

Dave's Hideaway

814 W. US Highway 54

Camdenton, MO 65020

573-873-7111 or [www.daveshideaway.com](http://www.daveshideaway.com)

Sleep Inn

1390 E US Highway 54

Camdenton, MO 65020

573-317-4121

**ALL REGISTRANTS MUST READ AND ACCEPT THE FOLLOWING:** By submitting your registration, applicant releases and agrees to hold harmless and to indemnify The Lake of the Ozarks Woodcarvers Club, Show officials and volunteers, event sponsors and their partners and their insurance carriers, and the Community Christian Church of Camdenton, from any and all claims, actions, damages, without any limitation whatsoever, for any loss damage or injury to any person or property which is caused directly or indirectly for any reason. In signing below, the undersigned has read, agrees to abide by, and has retained a copy of this registration. The undersigned also grants The Lake of the Ozarks Woodcarvers Club consent to take and use all Show photographs for advertising, news releases, or promotional uses without any compensation to the vendor/exhibitor.

\_\_\_\_\_  
Date \_\_\_\_\_

Registrant Signature

Mail to: LAKE OF THE OZARKS WOODCARVERS CLUB  
P.O. BOX 1372  
CAMDENTON, MO 65020

FOR OFFICIAL USE ONLY:

Check #: \_\_\_\_\_ Date Entry Received: \_\_\_\_\_ Mailed Motel Info: \_\_\_\_\_ Further Communication Needed: \_\_\_\_\_

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