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: <u>You must cover/drape the front and both sides of your tables **to the floor.**</u>

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):

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:
_____	_____	_____	_____