

45th ANNUAL PINE/STRAWBERRY ARTS & CRAFTS FESTIVAL

LOCATION: 3886 N Hwy 87 Pine, Az.

MAIL: P.O. BOX 934 PINE, AZ 85544

2025 Entry Form

Saturday, August 30th 8:00am to 5:00pm

For FALL Show Only

Sunday, August 31st 8:00am to 4:00pm

CONTACT PERSON: Gail Jones (928) 978-0469 E-mail: coolpc680@hotmail.com

Web site: www.pinestrawberryartsandcrafts.com Facebook: Pine-Strawberry Arts & Crafts Guild

ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY BY THIS GUILD

Please Print

Artist/Crafter Name _____

Artist/Crafter Trade Name _____

Mailing Address _____

City/State/Zip Code _____

Phone # _____ AZ State Sales Tax # _____

E-mail Address _____ Vehicle License Plate # _____

What Art /Crafts to be Displayed & Sold?

Must include a photo of each type. If Possible a Picture of you working on your craft. Web photos accepted

() I prefer to be OUTSIDE, Space size approximately 10' x 10' Cost \$90.00

() I prefer to be INSIDE, Space size approximately 8'x 8', Height Limit 5 Ft. Cost \$100.00 No scented items

() I wish to share a space with _____

Enclose your **check payable to: Pine/Strawberry Arts & Crafts Guild**

No post-dated checks accepted.

Checks dated after August 1st add \$5.00 to space cost.

NO REFUNDS FOR CANCELLATIONS 3 WEEKS OR LESS BEFORE THE EVENT

Enclose a Stamped, self-addressed business-size envelope for notification.

Please note there are not to be any alcoholic beverages. This is a non-smoking area.

I HEREBY CERTIFY THAT ALL ARTS/CRAFTS DISPLAYED IN MY BOOTH HAVE BEEN CREATED AND HANDMADE BY ME. I UNDERSTAND THAT ANY VIOLATION OF THE RULES WILL RESULT IN MY BEING ASKED TO LEAVE THE SHOW WITHOUT RETURN OF MY ENTRY FEE.

Signature(s) _____ Date _____

PRINT

NAME _____

FOR GUILD USE ONLY:

CASH: _____ CHECK # _____ AMOUNT PD \$ _____ DATED _____