2019 Art in the Park Registration

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

# of space(s) requested: _____

This is what I will be selling: _____

_____

_____

_____

_____

{ } I have enclosed a check or money order for:

{ } $40.00 per space **before** June 1

{ } $50.00 per space **after** June 1

{ } I have enclosed an additional $10.00 if I don't have liability insurance

{ } I have enclosed a copy of my liability insurance

{ } Special Request: _____

Please mail this form to:

Litchfield Watercade
Attn: Art in the Park
P.O. Box 217
Litchfield, MN 55355