

Sedro-Woolley Chamber
810 Metcalf St

Sedro-Woolley, WA 98284

Phone: (360) 855-1841

Fax: (360) 855-1582

www.sedro-woolley.com

sarah.swchamber@gmail.com

Sedro-Woolley High School Gym

1235 Third St

Sedro-Woolley, WA 98284

Additional Festivities at:

Perkins Family Farms

Willowbrook Manor

April 27 9-4

April 28 10-3

2019 WoodFest Committee

Members:

Pola Kelley

Executive Director

*Sedro-Woolley Chamber of
Commerce*

Sarah Johnson Schwab

*Sedro-Woolley Chamber of
Commerce*

David Vandette

*Northwest Corner Woodworkers
Association*

*Please make checks payable to
Sedro-Woolley Chamber of
Commerce*

**Applications due no later than
April 18, 2019**

**ALL FEES ARE
NON-REFUNDABLE**

Setup starts April 27 at 7am

EVENT APPLICATION

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

TYPE OF ENTRY (please select one only)

_____ Wood Arts and Crafts

_____ Traditional Woodcarver, Wood Turner

_____ Chainsaw Carver

_____ Non-Profit Organization

_____ Commercial (list product names, types below)

_____ Other

SPACE REQUIRED (select total space required)

_____ 10x12 _____ 20x12 _____ other L _____ ft W _____ ft

DO YOU NEED AN ELECTRICAL OUTLET? (limited outlets available)

___Yes___ No If yes, you must provide your own extension cord

SPECIAL NEEDS OR REQUESTS? We will do our best to meet any special needs, but no guarantees can be made.

PUBLICITY INFORMATION: For public relation purposes, please tell us about your products/services. _____

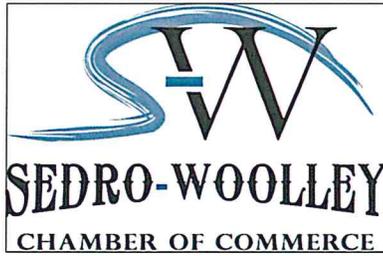
FEE AMOUNT ENCLOSED:

_____ \$50.00 10x12 space

_____ \$100.00 20x12 space

_____ Call for price, if other was selected

Please like us on Facebook at
<https://www.facebook.com/WoodFest.SedroWoolley>
and upload pictures of your products.



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INDEMNITY AGREEMENT

DATE: _____
 BUSINESS NAME: _____
 REGISTERED OWNER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____
 EMAIL: _____

I have read and understand all the foregoing Rules and Regulations. In consideration for allowing me to participate, I agree to indemnify and hold harmless the Sedro-Woolley Chamber of Commerce and their agents from expenses of whatsoever kind or nature, including attorney's fees, incurred by reason of or in connection with participation in this event. I have all permits, licenses, insurance, etc. required by the city, county and state to operate a legal business. I am of legal age (18 years or older).

SIGNATURE OF BUSINESS OWNER

SIGNATURE OF CONTACT PERSON FOR EVENT

INDEMNITY AGREEMENT MUST BE SIGNED AND RETURNED WITH APPLICATION TO RESERVE/PROCESS YOUR APPLICATION FOR WOODFEST.

FOR OFFICE USE ONLY

DATE RECEIVED
 RECEIVED BY
 ACCEPTED
 PROBLEMS/ACTIONS NEEDED