

HHACA Fall Show 2024 Exhibitor Application Form

Application Deadline - August 30, 2024

This is a juried indoor show. The following must be enclosed with each application.

1. Three photos or jpgs for each medium, or your website address.
2. Completed & signed application form.
3. Check enclosed - exhibitor's fee is \$50 for each 10X10 space. If you demonstrate your craft the fee is \$40. Checks will be returned to applicants not selected for the show. Make checks payable to Hocking Hills Artists & Craftsmen Association (HHACA). For additional show information contact Nick Delmatto at 740-385-8036 or delmattoglass@frontier.com
4. No kits or resale items accepted. This is a handmade only show.

Exhibitors should not embellish their work with commercial logos (e.g.

OSU, Disney). Any copyright infringements will be the personal

responsibility of each individual vendor. No responsibility is taken

by the HHACA.

5. Mail completed application & check to: Hocking Hills Artists & Craftsmen Assn. (HHACA),
PO Box 341, Logan Ohio 43138

6. Please send 2 or three digital pictures of your work that can be used for promotion of the show.

SHOW LOCATION - Hocking Hills Lodge & Conference Center
20020 State Rt. 664 S. Logan Oh. 43138

FALL SHOW HOURS - set up times - Friday evening, Sept. 27 or
Saturday 8-10am, Sept. 28.

DISPLAY HOURS - Saturday, Sept. 28, 10am-5pm. Sunday, Sept.
29, 11am-4pm.

HHACA 2024 Fall Show Vendor Agreement

(return this page with check and pictures of your work)

Full Name _____

Address _____

City _____ State _____ Zip _____

Primary phone _____

Email _____

Media/Art _____

Do you need more than one 10X10ft space _____ (extra fee applies)
Do you need electricity? _____ bring your own approved
extension cords

HHACA HOLD HARMLESS AGREEMENT: The conduct of the exhibit in my assigned area as well as the security of those items brought to my assigned space, or any other space is entirely my responsibility.

I understand that the role of the HHACA is to provide exhibit space & to attract customers to the HHACA Fall Show.

I authorize HHACA to use the images I provide to promote the show in digital or print media. (Photos will only be used for show promotion and Artist retains all copyrights).

I will not hold the HHACA responsible for any loss, personal injury, or damage to my property or my person, or to anyone else, or their property.

ARTIST'S SIGNATURE _____

Date _____

VENDOR LICENSE # _____