

Application Form



Office use only info

2025 EXHIBITOR APPLICATION

*Name

Business

*Address

*City, state, zip

*Phone

*E-mail

Website

Arts _____ Crafts _____

EXHIBITOR STATUS

Student exhibitor _____

First-time exhibitor _____

Returning exhibitor _____ *How many years _____

CRITERIA AND GUIDELINES

Work must be original work by the artist or crafter. All work must be handcrafted or enhanced creatively or artistically by the exhibitor. Work made by others or items purchased for resale will be removed at the discretion of the Kirksville Arts Association. Commercially produced items will NOT be accepted and will result in not being accepted in future festivals.

Briefly describe your art/craft. Include the medium used and /or what handcrafted work you do.

Application Form (cont.)

DEMONSTRATIONS

Demonstrations are encouraged by artists to show their skills and techniques.

____ Yes, I will be demonstrating my work

APPLICATION CHECKLIST

- ____ Completed and signed application
- ____ Two checks or money orders payable to Kirksville Arts Association
 - \$15 non- refundable application fee (\$75) if received after September 5, 2025
 - \$85 Booth fee, \$165 for double booth or \$245 for triple booth

____ My booth requires a back (Booths with backs cannot be placed in front of a business).

____ 3-4 photographs of work completed within the last year that represent the work to be exhibited. One photograph must be of booth presentation.

____ Missouri Sales Tax Form or Exemption, if not already on file with Kirksville Arts (also required for students).

Kirksville Arts Association reserves the right to reproduce photographs for the purpose of publicity, and to reject work at the Festival which differs significantly from the entry photographs or does not comply with Festival standards and criteria

RESPONSIBILITIES

I agree to assume full responsibility for my entries. I will not hold the Kirksville Arts Association or the City of Kirksville responsible for any personal injury, property loss, or damage.

Signature _____

Date _____

MAIL APPLICATION TO:

Kirksville Arts Association
P. O. Box 88
Kirksville, MO 63501

