

ENTRY FORM

KAW VALLEY WOODCARVERS ANNUAL SHOW & SALE

NOVEMBER 21, 2026

IBEW 226, 1620 NW GAGE BLVD.

TOPEKA, KANSAS

EXHIBITOR _____

NAME TAGS _____

Please Print name(s) you are requesting name tags for

ADDRESS _____

CITY _____ **ZIP** _____

PHONE _____ **EMAIL** _____

An email address ensures that you receive periodic advance notices

Entry Fee is \$50.00 for an 8 ft table/ \$25.00 for 1/2 table and \$40.00 for each additional table. Number of tables or space needed _____

Kansas Tax number _____ **Table Fee** _____

Please assign table where a backdrop may be used.....Yes _____ **No** _____

Please bring your table cover

In case of emergency contact _____

LIABILITY: It is agreed that the exhibitor shall make no claims of any kind against the Kaw Valley Woodcarvers Association or any member of the Association. Under no circumstances will the Association be responsible for loss or damages, or theft of any displays or goods of the exhibitor, or injury to the exhibitor or their employees while attending the show. I certify that I understand and agree to abide by the rules and regulations for KWW Show and Sale of November 22, 2025. I give my permission to KWW to share information on this page with fellow woodcarvers, publish the results & related pictures on their website and to the media.

SIGNATURE _____ **DATE** _____

Please make your check payable to: Kaw Valley Woodcarvers Association

549 NW 74th Street, Topeka, KS, 66617

For show committee only

Date entry received _____ **check#** _____ **Amt\$** _____ **Assigned Booth** _____