



# Arts & Music in The Gardens 2016

Saturday, August 6 & Sunday, August 7

**Application Deadline is May 1, 2016.** Successful applicants will be notified by May 15.

This PDF form can be completed directly in this file using Adobe Acrobat Reader. When completed in full, please return it as an email attachment to: **artsandmusic@hcp.ca**

Alternatively you can:

**Phone** in your registration to:  
250.479.6162

Or **mail** to:

Horticulture Centre of the Pacific  
505 Quayle Road,  
Victoria BC  
V9E 2J7

## Artist Registration Form

**Display Information** (Please print)  Returning Artist/Exhibitor  New Artist/Exhibitor

Artist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Art/Craft/Product: \_\_\_\_\_

**Artist/Exhibitor Location in 2015** No. \_\_\_\_ Same location as last year?  Yes  No

**Display Types & Choices:** All display spaces are approximately 10'x10' in size, located throughout the gardens in the out-of-doors. **Canopies are not included** in the display fees. N.B. **Canopy stakes are not allowed** in the garden. Weights are ideal for pole security.

**Artist's Package** includes reservation of your spot + website link (tables, chairs, canopy not supplied).

**Display Type:** Basic Artist's Package \$ 130.00

### Additional Services

We regret we cannot provide additional services, due to liability. We ask all artists / exhibitors to bring their own table, chairs and canopies.

**Total Order:** \$ \_\_\_\_\_

**Thank you for submitting your completed application form.** We will be in contact with you on additional show details closer to the event date.

**N.B. Cancellation after July 5, 2016** will result in the HCP retaining a \$65 administrative processing fee.

For further questions and inquiries please contact Anne Kadwell at **artsandmusic@hcp.ca**

**Payment Choices:** Display fees must be paid in full at time of registration and can be made by:

**Phone:** 250.479.6162 (payment by credit card)

**Mail:** See HCP address at left (payment by credit card or cheque)

**In person:** See HCP address at left (payment by credit card, debit card, cheque or cash)

**Your Credit Card Details:**  VISA  MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

### Office Use

Date Received: \_\_\_\_|\_\_\_\_|\_\_\_\_ Time: \_\_\_\_\_ Payment OK: Yes / No  
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