



21st Annual Oregon Divisional Chainsaw Carving Championship

June 18 -21, 2020

Carver Application

Thank you for your interest in the 21st Annual Oregon Divisional Chainsaw Carving Championship.

There are no registration fees for Carvers. Each registration **MUST include at least 2 photos** of your previous work.

These photos are used to help in the selection process as well as promote the Carvers that are chosen.

Filling out this application does not guarantee acceptance. While we encourage you to send your application in as soon as possible, **it is not first come, first served**. The Chainsaw Committee will take into consideration a number of factors including: Applications that have been fully completed including photos and filled out bio's, previous experience, body of work, etc...Ultimately your acceptance is at the discretion of the 2020 Chainsaw Committee and you will receive a letter once a decision has been made.

Contact Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Website: _____

Facebook: _____

Event Information:

I am in the following division: Professional Semi-Professional

Have you competed in Reedsport previously? Yes No

Are you interested in a dry campsite? Yes No

What is your t-shirt size? _____

Have you competed elsewhere? Yes No

If yes, please tell us a little about where else you have carved and how you have placed:

If no, please tell us a little about why you want to carve at the Oregon Divisional Chainsaw Carving Championship:



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Miscellaneous Information:

The Oregon Divisional Chainsaw Carving Championship provides meals for each Carver and their assistant.

Upon checking in on Wednesday, June 17, 2020 you will be given a wristband to show that you are a participant. You must have your wristband on for the duration of the event both for hassle-free entry and to enjoy the provided meals.

Are you interested in the meals provided? Yes No

Will you have an assistant with you? Yes No

If yes, what is your assistants name? _____

Will you have any children with you? Yes No

If yes, how many and what ages? _____

Bio:

PLEASE FILL THIS SECTION OUT. This will be used for our website and possible social media promotions of the Carvers that will be part of the 21st Annual Oregon Divisional Chainsaw Carving Championship. Include information such as how long you have been carving, how you got started carving, what subjects you like to carve, how people can find you on social media, etc...

For further information please contact Jennifer Rockwell at the Reedsport / Winchester Bay Chamber of Commerce
Office 541-271-3495 / Fax 541-271-3496

Once the form has been completely filled out, please save and email to reedsportchamberofcommerce@gmail.com

or mail to:

Reedsport / Winchester Bay Chamber of Commerce
2741 Frontage Road
Reedsport, OR 97467

Visit our website: www.oregonccc.com



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2020 Carver Vendor Application

Please fill out this form and return with your Carver Application ONLY IF you are interested in purchasing additional selling space for your Carvings.

Business Name: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Describe items for sale or exhibit: **(NOTE: ONLY ITEMS LISTED BELOW WILL BE ALLOWED TO BE SOLD)**

Fee Schedule and Information

APPLICATION DEADLINE: May 15, 2020

BOOTH SIZE: 10' selling front x 12' deep

COST: \$100 for Carver Selling Space

SET UP TIME: Wednesday, June 17th 10:00 am - 6:00 pm

Number of 10'x12' spaces needed: _____ **x \$100 per space. Total Cost: \$** _____

10' is the total length of your space. If any part of your booth exceeds the 10' limit, you will need to purchase an additional space.

This includes the full length of your trailer, including the tongue.

If paying by credit card, please list appropriate information. There will be **NO REFUNDS**. Spaces will only be reserved after application and full payment has been received and approved by the Chainsaw Committee. For more information regarding this event please call the Reedsport / Winchester Bay Chamber of Commerce at (541) 271-3495.

Enclosed is a check or money order #: _____ for \$ _____

payable to the Reedsport / Winchester Bay Chamber of Commerce. **PLEASE DO NOT SEND CASH**

-- OR --

Enclosed is \$ _____ to be paid by credit card.

Card #: _____ V Code: _____ Expiration Date: _____

(Note: V Code is the 3 digit code in the signature panel on the back of your card)

Card Holder's Name (as it appears on the card): _____

Card Holder's Billing Address: _____

Street Address _____ City _____ State _____ Zip _____

Authorized Signature: _____