



SHOW EXHIBIT ENTRY FORM

11th Annual Dollhouse Miniatures Show & Sale

Show Location: St. Luke's United Methodist Church, 100 W. 86th St., Indianapolis, IN 46240

Show Hours: Fri. Sept 16, 5 - 8 p.m. & Sat. Sept. 17, 2011, 9:30 a.m. – 4:00 p.m.

Categories: *You Must Pick One and Only One Category for Each Exhibit.*

- | | |
|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Dome / Vignette |
| <input type="checkbox"/> Business / Shop | <input type="checkbox"/> Outdoor / Landscape |
| <input type="checkbox"/> Fantasy / Holiday | <input type="checkbox"/> Hand-crafted (at least 75% by exhibitor) |
| <input type="checkbox"/> Smaller Scale | <input type="checkbox"/> Made by Child Under 16 |
| <input type="checkbox"/> Room Box | |

\$5 Entry Fee per Judged Exhibit. 1ST and 2ND Place Ribbons will be awarded in each category. Best of Show Ribbon and Trophy will be awarded. Free for Non-Judged exhibits. Security will be provided for the exhibit area at all times. *Winning entries from previous years are not eligible.*

Optional: Share your story about your exhibit with your fellow miniaturists! Feel free to use the reverse side to write about your exhibit and we will display it alongside your exhibit for everyone to enjoy. Please print legibly for accurate transcription.

Description of Exhibit: _____

Is this a Club Exhibit? Yes No

Size of Exhibit: Width _____ Depth _____ Height _____

Judged (Entry Fee Enclosed): **or Non-Judged:** **Electrified?**

Special Display Needs: _____

Please Read the Following and Sign Below:

Exhibits must be brought to the Church on Thursday, between 4:00 -7 p.m. or Friday, between 10 a.m. – 4:30 p.m. Exhibitors are restricted to the exhibit area during this time. Exhibitors may not make repairs or changes to their exhibit(s) during show hours. Exhibit area may not be used for selling. Exhibit(s) must be picked up, by you, unless noted on this form, between 4:30-5:30 p.m. on Saturday of show. I accept and assume full responsibility for any and all injury or loss to my property, myself, and my employees or agents as a result of the Museum of Miniatures Show. I will provide for and pay for any insurance I feel necessary.

Print Name: _____ **Phone #:** _____

Address: _____ **City:** _____ **St.:** _____ **Zip:** _____

Signature: _____

*** ENTRY FORMS ARE DUE BY AUGUST 31st**

***Please Mail Forms and Entry Fee (if entering a judged exhibit) to:
Museum of Miniature Houses, 111 E. Main St., Carmel, IN 46032
(317) 575-9466 www.museumofminiatures.org THANK YOU!***