

FEAST
of the
STRAWBERRY
MOON



You are cordially invited to the 12th annual award winning Feast of the Strawberry Moon, an 18th century living history experience held along the tranquil waters of the Grand River portraying life of Native Americans, voyageurs, fur traders, period craftspeople and military from the late 1700s when Grand Haven was the principal trading post for John Jacob Astor's American Fur Company.

*Please fill out both sides of this application and return it prior to May 1.
We look forward to seeing you at the Feast*

JUNE 9 & 10 | Grand Haven, Michigan

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Names of others participating with you:

PRE-REGISTRATION REQUIRED ~ MERCHANTS WILL BE JURIED ~ NO PETS

Circle the category(s) you will be attending as

Merchant Voyager Blanket Trader Military Craftsperson/Demonstrator

**Site requirements for encampment
Complete size including ropes and fire pits (ft.)**

Frontage: _____ Depth: _____
Height: _____

Location of fire pit when facing site from the front: Left Back Right Front

List all items to be sold or demonstrated: _____



200 Washington
Grand Haven, MI 49417
616.842.0700
www.tri-citiesmuseum.org

**Participation fees: Merchant \$35; Blanket Trader \$20
NO FEE charged for Military, Voyager or
Craftsperson/Demonstrator** *If you are participating in
more than one category, please indicate that above.*

First time participants must send color photos of clothing worn, merchandise and shelter, as well as primary source documentation on the appropriateness of all items along with this application. Application, photos, payment, and all related documents are to be mailed prior to May 1, 2012 to Feast of the Strawberry

Moon c/o Tri-Cities Historical Museum, 200 Washington, Grand Haven, MI 49417.



Checks payable to Tri-Cities Historical Museum. Note: Checks will be cashed upon receipt, this does not guarantee acceptance. If your application is denied, a refund check will be issued along with a letter stating the reason for denial within 30 days of the event date.

If you wish to fax this application, all fees must be paid by credit card in the space provided below. The Museum accepts MasterCard and Visa. Fax to: 616-842-3698.

PRE-REGISTRATION REQUIRED ~ MERCHANTS WILL BE JURIED ~ NO PETS

Modern Camping Application: Camping is close to the Feast site but is limited and will be assigned. If you wish to camp with a specific group please specify below. The camping area has public rest rooms, electrical hook up and water. Camping area is not a parking lot. Owners of unauthorized vehicles will be asked to move them to the nearest parking lot or they may be towed. Quiet hours are to be observed from midnight to 6:00am. Additional parking will be provided with shuttle service to and from the feast location. **The fee is \$20 per site.**

Number of camp sites needed: _____ Enclosed is my check for: \$ _____

Please circle which you will be bringing: RV Detached Camper Tent Camper
Van/Truck Other

I would like to camp with: _____

MasterCard or Visa (Circle One)

Card Number: _____ Exp. Date: _____ Signature: _____

I have read the application and understand the guidelines associated with my participation and agree to abide by the policies as stated. I agree that the Tri-Cities Historical Museum and the Feast of the Strawberry Moon Committee are not liable for loss, damage or injury to myself, my family or my property during the course of the Feast of the Strawberry Moon and I hold harmless TCHM and the Feast Committee for all losses resulting from my acts or omissions or those of my minor children. I understand that I will not be permitted to use the phrases "Gabagouache", "Feast of the Strawberry Moon", or any Feast of the Strawberry Moon logos or graphics on any items to be sold. **I understand that pets are not allowed, only working dogs.**

I also understand that I may be photographed and/or interviewed for media coverage and by visitors for private use. I agree that I am liable for own Michigan Sales Tax as well as any other related taxes, if applicable.

Signature: _____ Date: _____

Arrival Date: _____ AM / PM

No application will be accepted or processed without the applicant's signature

Sponsored by the Tri-Cities Historical Museum 200 Washington, Grand Haven, Michigan 49417

www.tri-citiesmuseum.org

For questions or additional information please call 616-842-0700