



DECORATOR IMPORTANT DATES AND FORMS

2019

Friday, September 20	Decorating Registrations Due* This helps reserve space and trees, late registrations accepted as space allows.
Friday, October 18	Signage Information Sheet Due* (updates accepted until November 11)
Monday, November 11	Deadline for final updates for Signage Information Sheet*
October 18-November 15	Decorating Check-Out Form Due* (Essential form that MUST be turned in prior to leaving Decorating Day to assign starting bid and "buy it now" price)
Sunday, November 24	DECORATING DAY 9am - 6pm Stoney Creek Hotel & Conference Center
Monday, November 25	DECORATING DAY 8am - 1pm Stoney Creek Hotel & Conference Center

Important

*Items will not be accepted for display without receipt of this form

All Decorator Forms are available online at www.wausaufestivaloftrees.org

Aspirus Health Foundation: ahf@aspirus.org



SIGNAGE INFORMATION SHEET

Return by Friday, October 18

Decorator Name(s) and/or Organization (as you would like it to appear on Festival signage):

I will decorate (complete form for each entry/auction item) :

___ 8ft ___ 7.5ft ___ 7ft ___ 6.5ft ___ 6ft ___ 4.5ft ___ 4ft ___ Tabletop (2- 4ft) ___ Mini (under 2ft)

___ Festival to provide pre-lit tree* OR ___ I will bring my own tree

*will be provided at Stoney Creek Inn on decorator day

___ Specialty Tree of my own Explain: _____

___ Mantel ___ Wreath ___ Door Swag ___ Centerpiece

___ Other: _____

(please specify item)

ALL TREES WILL BE ELEVATED UNLESS OTHERWISE NOTED

Contact Person: _____ Phone: _____

Email: _____

Write as you would like it to appear on the signage.

TITLE: _____

In 40 words or less, please provide a brief description of your item. For example, highlight the significance of your item's theme.

Please list items included with your tree/display that you would like included on the sign.

Notes: _____

This item is in memory / honor / dedication (select) of:

(please print)

Yes, you can contact me to share "my story" and why I support Festival of Trees.

Please complete form and return **by Friday, October 18, 2019** to be included on Festival of Trees signage (updates accepted until November 13)

Aspirus Health Foundation afh@aspirus.org



DECORATOR CHECK-OUT FORM

MUST BE TURNED IN BEFORE LEAVING STONEY CREEK HOTEL & CONFERENCE CENTER ON DECORATING DAY

Decorator Name(s) and/or Organization: _____

Name of Item: _____ Item Number : _____

Please check your item type:

Tree: size: _____ Specialty Tree _____

Mantel Decoration Wreath Door Swag Outdoor Decoration

Centerpiece Specialty Item Other _____

Cost of Decorations/Garland/Ornaments/Etc. \$ _____

Cost of additional items (gift certificates, packages, toys) \$ _____

Cost of Tree *(completed by AHF if providing one)* \$ _____

TOTAL COST of entry *(completed by FOT committee)* \$ _____

Your suggestion for opening bid: _____ (committee will make final pricing decision)

Your suggestion for "Buy It Now" Price: _____ (committee will make final pricing decision)

List the location and details of any lights that are battery operated and need to be turned on manually.

Are gift certificates included with your item? Yes No (Please provide at check-out)
_____ FOT initial of receipt _____

Notes: _____

THANK YOU for your help in making the Festival of Trees a great success!



IN-KIND DONATIONS

Decorator Name: _____ **Item Number:** _____

The Aspirus Health Foundation will gratefully acknowledge all donations of ornaments, decorations or other items used in decorating a tree, mantel, wreath, centerpiece, studio tree or specialty item at the Festival of Trees. Please list below all individuals or businesses that donated items for your decorator project along with a brief description of the item. You may also wish to list yourself and others who have donated their time to decorate your item. Please copy this sheet if additional space is needed. Thank you.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Item(s): _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Item(s): _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Item(s): _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Item(s): _____



DECORATOR FEEDBACK 2019

Decorator Name: _____ Item Number: _____

Suggestions/comments regarding decorating for the Festival of Trees

Do you know anyone else who might like to be a decorator in the future?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____