



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



DECORATOR MINI TREE RAFFLE SIGNAGE FORM

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

Contact Person: _____ Phone: _____

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

TITLE: _____

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

Additional Comments for sign (if any): _____

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

Return to Aspirus Health Foundation

ahf@aspirus.org

715-847-2470



DECORATOR MINI TREE RAFFLE CHECK-OUT FORM

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

Contact Person: _____ **Phone:** _____

TITLE: _____

Cost of Decorations/Lights/Ornaments/Etc.	\$ _____
Cost of MINI Tree - <i>completed by AHF if providing</i>	\$ _____
TOTAL Value of Raffle Item	\$ _____

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

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): _____

