

21st Annual Oregon Divisional Chainsaw Carving Championship June 17 - 20, 2021

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 2021 Chainsaw Committee and you will recieve 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:						
am in the following division:	Professional	Semi-Professional				
Have you competed in Reedsport previously?	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 ha	ve carved and how yo	ou have placed:				
If no, please tell us a little about why you want to ca	arve at the Oregon Div	visional Chainsaw Carving Championship:				



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No

Miscellaneous Information:

Will you have an assistant with you?

The Oregon Divisional Chainsaw Carving Championship provides meals for each Carver and their assistant. Upon checking in on Wednesday, June 16, 2021 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.

Yes

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

Reedsport / Winchester Bay Chamber of Commerce 2741 Frontage Road

Office 541-271-3495 / Text 541-252-9367 / Fax 541-271-3496
Once the form has been completely filled out, please save and email to reedsportchamberofcommerce@gmail.com or mail to:

Reedsport, OR 97467

Visit our website: www.oregonccc.com



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2021 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:	Z	ip:				
Phone Number:								
Describe items for sale or exhib	it: (NOTE: ONLY ITEN	IS LISTED BELO	W WILL BE ALLOV	VED TO BE SO	LD)			
APPLICATION DEADLINE: May		e and Informat	tion					
BOOTH SIZE: 10' selling front x	12'deep							
COST: \$100 for Carver Selling S	•							
SET UP TIME: Wednesday, Ju	une 16th 10:00 am - 6:0	00 pm						
Number of 10'x12' spaces nee 10' is the total length of your space. If This includes the full length of your ta	any part of your booth exceed			 e an additional sp	ace.			
If paying by credit card, please list application and full payment has be this event please call the Reedspo	peen received and approve	ed by the Chainsa	w Committee. For n	•				
Enclosed is a check or money o	rder #:	for \$						
payable to the Reedsport / Win	nchester Bay Chamber of Commerce. OR		PLEASE DO I	PLEASE DO NOT SEND CASH				
Enclosed is \$	to be paid by credit o	card.						
Card #:	V Code:	Expira	tion Date:					
(Note: V Code is the 3 digit code in	the signature panel on th	e back of your car	rd)					
Card Holder's Name (as it appea	ars on the card):							
Card Holder's Billing Address:								
	Street Address		City	State	Zip			
Authorized Signature:								