

Kentucky Mansion Celebration Application for Participation

If you are interested in being involved with the Kentucky Mansion Celebration, please complete the information.

Name: _____ Occupation: _____

Company Name: _____

Address: _____

Email: _____

Telephone: (Work) _____ (Cell) _____ (Home) _____

Fax: _____ Website: _____

Participant Opportunities

Listed below are several categories where you may volunteer or contribute to the Kentucky Mansion Celebration. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Area Coordinator (Interior Designer) * | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Installer |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Lighting(Accent) |
| <input type="checkbox"/> Bedding | <input checked="" type="checkbox"/> Task Lighting (Already Donated) |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Linens |
| <input type="checkbox"/> Designer | <input checked="" type="checkbox"/> Paint and Labor (Already Donated) |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Picture Framer |
| <input type="checkbox"/> Certified Electrician | <input type="checkbox"/> Certified Plumber |
| <input type="checkbox"/> Fabrics | <input type="checkbox"/> Upholsterer |
| <input type="checkbox"/> Fabric Workroom | <input type="checkbox"/> Volunteer/Where Needed |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Other Categories |
| <input type="checkbox"/> Floral | |

** The Area Coordinator's primary responsibility is to execute and oversee completion of an assigned area.*

Have you participated in an event which included historic property? Yes No

Have you ever been published in a magazine, newspaper or featured on radio/tv as a result of your work? Yes No

If Yes, where?: _____

Kentucky Mansion Celebration Area Coordinator Form

If you are interested in being involved with the Kentucky Mansion Celebration, please complete the information.

Firm: _____

Address: _____

Designer(s): _____

Contact Information:

Primary Contact

Name: _____

Telephone (Work): _____ (Cell): _____

Fax: _____ Email: _____

Secondary Contact

Name: _____

Telephone: (Work): _____ (Cell): _____

Fax: _____ Email: _____

Please List (5) choices including Room # and Name as it appears on the Floor Plans.

1. _____

2. _____

3. _____

4. _____

5. _____

Please return your completed form to Donna Borden before you leave this evening.

Please make yourself or another Participant available for telephone notification on Monday, March 2nd from 1p.m. – 4 p.m.