2026 National Caricature Carving Competition

Sponsored by the Caricature Carvers of America

Holiday Inn & Convention Center
1001 Amber Avenue
Stevens Point, WI 54481

ALL CARVINGS MUST BE CARICATURE

#1 CATEGORY INFORMATION: (Please print) Present this application with Carvings and Payment.

Name (that you are known by)_____

Address_____

City _____State_____ Zip_____ Home Phone (_____) _____

E-mail _____ Cell Phone (_____) _____

Please designate the category you feel best suits your carving. The CCA reserves the right to change the category if the carving would better fit a category other than the one designated. **Carvings entered in past National Caricature Carving Competitions are not eligible**. For more than five carvings, please use a second application changing the entry numbers 6 through 10.

1.	**Category**	**Title of Carving**
2.	**Category**	**Title of Carving**
3.	**Category**	**Title of Carving**
4.	**Category**	**Title of Carving**
5.	**Category**	**Title of Carving**

#2 CHECK-IN INFORMATION: Entrants are responsible to check in their carvings or to make arrangements to have them checked in. **Mail in entries will not be accepted.** Entries are to be checked in at the **at the Holiday Convention Center, 1001 Amber Avenue, Stevens Point, WI 54481,** on Friday, September 18, 2026, 2-4:30 PM or Saturday, September 19, 2026, 8-9 AM. Entries must remain on the show floor until 4:00 pm on Sunday, September 20, 2026. Carvings must be checked out before 5 PM.

#3 LIABILITY and AUTHENTICITY: The CCA will exercise professional care in handling all woodcarvings submitted but cannot assume liability for loss or damage, however caused, while in the CCA's possession. I certify that the carvings entered in the competition are derived from my original idea and are original work done exclusively by me. (The only exception is a carving(s) entered in Category #14 – Rough-out)

_____ _____
Signature (required) Date

#5 AUTHORIZATION: I understand that photographs of me and/or my work may be used by the CCA and/or its subsidiaries, affiliates, licensees, successors, and assignees, and do release all liability for said photographs.

_____ _____
Signature (required) Date

#6 PAYMENT: $25 + $5 per each additional entry beyond 5 entries.

Total Payment:_____to be paid Cash, Check, or Credit Card at Check-in