



8th Annual BLUEBERRY BASH
 Saturday, June 24, 2017- 8:00 a.m. – 4:00 p.m.

VENDOR APPLICATION

DEADLINE for application and fee to be received is **June 1, 2017 ****NO Exceptions**
(Space reserved upon payment only-First Come First Served basis)
Application must be completed in entirety-Please print application clearly

Business Name: _____

Contact Name: _____

Address: _____

Website: _____ Facebook: _____

Cell Number: _____ Fax Number: _____

Email: _____

Type: [] Art/Craft [] Food [] Non-Profit [] Other: _____

NOTE: All vendors subject to approval-submit detailed information to include photos etc.

ALL VENDORS MUST SUPPLY THEIR OWN TENT, TABLES, EXTENSION CORDS AND OTHER ITEMS NEEDED FOR OPERATION. (To include weights or tie downs for tents in the event of inclement weather.)

If operating from other than a tent, must have dimensions of trailer submitted for approval.

Trailers require a picture be submitted at time of application-dimensions of trailer: _____

***** The Event Coordinator has the authority to ask for immediate removal of any items deemed to be inappropriate or unsafe.

Electrical Requirement

No [] Yes [] If Yes, explain what the power will be used for.

Electrical Amp Service needed:

[] 110v (20 amp) [] 220v (30amp)

[] 220v (50 amp) [] greater than 50 amp, must specify amps required _____

SPACE REQUEST / COST

(Space approximately 10x10)

[] **INSIDE** - \$60.00 (Limited # spaces-air conditioned)

[] **OUTSIDE WITH ELECTRICAL**- \$60.00 (includes (1) 110v (20 amp) (Limited # spaces)

No power strips allowed

[] **OUTSIDE WITHOUT ELECTRICAL**- \$50.00

[] **FOOD VENDOR**- \$60.00 Explain menu items _____

Door Prize Donation

[] I would like to donate a product/gift certificate to be raffled by The Arc of the Emerald Coast. _

Value of donation: _____

Describe item: _____

By signing below, I wish to make application to participate in the 8th Annual Blueberry Bash. I agree to abide by the vendor rules and hereby release and forever discharge from liability The Arc of the Emerald Coast Santa Rosa, its affiliates, officers, agents, and employees.

Signature: _____ Date _____

Attached is payment for vendor fee in the amount of \$_____ for _____ spaces.

Office Use:

Payment made by - (CA/CK # _____/CC) Amount _____

Please return completed form and non-refundable payment to:

The Arc of the Emerald Coast Santa Rosa – Blueberry Bash
6225 Dixie Road, Milton, FL 32570

For Questions contact Carol Lutz 850-982-1943 or
email at clutzarc@gmail.com