



Honeybee Festival Arts & Crafts Vendor Application

June 2, 2018

City of LaFayette, Georgia 30728

Business Name _____ Artist Name _____

Mailing address _____ City, State, Zip _____

Business phone _____ Cell Phone _____

E-Mail Address _____ Website _____

Description of Arts/Crafts (be specific for example "woodcraft" does not give us enough information)

List two festivals in which you have participated in the last 18 months.

1. _____ 2. _____

Did you participate in our festival last year? Yes / No If yes, do you want your same spot? Yes / No

Will you leave at optional time or stay for the concert? Leave / Stay

APPLICATION FEES:

Early Bird Fee (Before April 1, 2018)

_____ \$50 Deposit (Separate Check)

_____ \$25 Single Booth (12x12)

_____ \$30 Double Booth (12x24)

_____ \$25 Add Electricity

_____ \$ TOTAL AMOUNT DUE

After April 1, 2018

_____ \$50 Deposit (Separate Check)

_____ \$35 Single Booth (12x12)

_____ \$40 Double Booth (12x24)

_____ \$25 Add Electricity

_____ \$ TOTAL AMOUNT DUE

- * Booths are based on 12'x12' per space
- * \$50 Deposit (Separate Check) please write separate check for deposit so it can be returned to you at end of event
- * All information including the festival rules can be found at www.myhoneybeefestival.com

If I am selected to be an exhibitor for the 2018 LaFayette Honeybee Festival, in consideration of my selection, I release and hold harmless and indemnify the City of LaFayette, its officers, elected officials, employees, agents, servants and volunteers, from any and all liability, loss or damage including, but not limited to, personal injury and property damage in connection with the festival, which is caused by me and my agents, servants and employees. By signature below I confirm that I have read and understand all rules and regulations set forth by the LaFayette Honeybee Festival and that I will comply with all rules and regulations.

Signature _____ Date _____

Payment in full is required with application.

Mail to: Honeybee Festival C/O City of LaFayette * PO Box 89 * LaFayette, GA 30728

Amount Paid _____ Payment Receipt Date _____ For office use only: Payment Type _____ Check # _____

Accept _____ Decline _____ Booth # _____