

Ponchatoula Strawberry Festival
Booth Application
April 9-11, 2010

Organization _____ Booth # _____

Booth Type: mark one: non profit fund raising / non profit display

Tax ID # _____ Phone # _____

Organization Address _____

City _____ State _____ Zip _____

President _____

Contact Number(s) _____

Booth Chair _____

Contact Number(s) _____

Alternate Contact _____

Contact Number(s) _____

Booth construction: Trailer _____ / Site erect _____

| Main Item(s) | PRICE |
|--------------------|-------|
| | |
| | |
| | |
| Secondary Items(s) | |
| | |
| | |
| | |
| | |

| | | | | | |
|----------------------|-----|----|--------------------------|-----|----|
| Serving Soft Drinks? | Yes | No | Require Storage Vehicle? | Yes | No |
| Need Electricity? | Yes | No | If yes, which type: | | |
| Need Grease Barrels? | Yes | No | If sharing, with who: | | |

Booth Space Requested (frontage feet) _____

By signing this application on behalf of my organization, I hereby affirm:

A. I have the authority to commit my organization to this application. **B.** I have read and understand this application. **C.** I understand all of the rules and regulations governing my application. **D.** I have explained all of the rules and regulations to all members of my organization. **E.** My organization and I consent to be governed by these rules and regulations and agree to abide by the decisions of the Ponchatoula Strawberry Festival Board, Inc. **F.** I will provide a written report of the gross amount of my booth income to the Ponchatoula Strawberry Festival Board, Inc. by April 13th, 2010 or I will forfeit my booth for the next year, plus be subjected to a fine up to \$300.00. **G.** I understand that any changes indicated above are subject to approval by the Ponchatoula Strawberry Festival Board, Inc. in accordance with rules and regulations for changes to booth items, sizes, etc.

 President of Organization Signature

 Booth Chairman Signature

| FOR OFFICE USE ONLY | In Festival Last Year? | Same service at Last Year? | Application on Time? |
|---------------------|------------------------|----------------------------|----------------------|
| | Yes No | Yes No | Yes No |
| Payment: check # | Date: | Amount: | Gross Income: |
| | | | |