

**FOOD BOOTH APPLICATION
WESTVILLE PUMPKIN FESTIVAL
Prairie Meadow Park – U.S. HWY 6 & 421
September 28-30, 2018**

PLEASE PRINT OR TYPE

Business Name _____

Contact Person _____

Address _____

Phone _____ Cell Phone _____ E-mail _____

Fee structure: 12x12 ft. space is \$185.00. EVERYTHING MUST STAY WITHIN THE BOOTH SPACE BOUNDARIES. (Trash cans signs/tables). **SET UP TIME BEGINS ON THURSDAY SEPTEMBER 27 AT 1200 PM THRU 5 P.M. FOR DROP ONLY. THERE WILL BE NO ELECTRICITY UNTIL FRIDAY MORNING. ALL FOOD BOOTHS MUST ARRIVE BY 1000 am FRIDAY. FRIDAY NIGHT OPENING IS OPTIONAL. ALL BOOTHS MUST BE OPENED SATURDAY MORNING BY 8:30 A.M.**

Please check Thursday Sept 27 drop only _____ Friday Setup _____

Number of spaces requested _____ Amount enclosed _____

Booth dimensions: Serving side _____ FT. Sides _____ Ft. **Please note that space is 12ft x 12ft. Everything needs to fit in the spaces you request. Hitches need to be in that area.**

Food & beverages to be served _____

Is food prepared at this location? _____ if yes how is it prepared? _____

Electricity Volts _____ Amps _____ THIS INFORMATION IS REQUIRED Please indicate if you directly plug in or if you are able to plug in to service. We would prefer you to be able to plug in.

Return this application form with your check or money order for the exact amount of spaces requested **NO LATER THAN JULY 1ST, 2018. ONCE THE SPACES ARE FILLED NO OTHER FOOD VENDORS WILL BE ACCEPTED.** Applications received after the deadline will be accepted at the discretion of the Westville Pumpkin Festival Committee and it will be cash basis only. **NO REFUNDS AFTER SEPT 1st, 2018. THERE WILL BE A LATE FEE ADDED IF RECEIVED AFTER DEADLINE.**

I HAVE READ THE Pumpkin Festival rules and agree to comply with them and all other Pumpkin Festival policies and our decisions at the festival. I understand that my failure to abide by any and all Westville Pumpkin Committee/Tri Kappa rulings could result in the loss of my space and fees. I will not hold the Westville Pumpkin Festival Committee/Tri Kappa and their personal volunteers responsible for any loss or damage of property, including but not limited to personal injury or from the use of onsite storage.

Signed _____ Date _____ Amount. Paid _____

Return to: Noelle Hagenow, 8925 W 1850 S, LaCrosse, IN, 46348 Cell 219-309-4384

