



October 1, 2011 11:00 am - 6:00 pm
Central City Park in Macon, GA

COMMERCIAL VENDOR REGISTRATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone # _____ Cell # _____

Email: _____

Give a brief description of items you plan to sell:

List any previous shows in which you have been a vendor:

Please send a photo of your set-up and merchandise.

BOOTH PRICES: ___15X15 \$75.00 ___20X20 \$85.00

Levee Fest does not supply tents, tables, extension cords, or electricity.
Vendors needing electricity should bring a quiet generator.

SET UP TIME: 8:00 am - 11:00 am OCTOBER 1st.
FAILURE TO BE SET UP AND READY BY 11:00am ON OCTOBER 1st WILL
RESULT IN FORFEITURE OF YOUR SPACE WITH NO REFUND.



AGREEMENT

1. I understand and agree that Levee Fest is in no way responsible for my equipment and goods or my person or persons accompanying my exhibit during the time I am at the exhibit site.

2. I agree that all my items are subject to approval by the 2011 Levee Fest organizers for quality and appropriateness for a family event and that I will not display or sell any items prohibited by Levee Fest organizers.

Waiver of Liability: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, sponsors, Levee Fest committee, Cherry Blossom Festival, Keep Macon Bibb Beautiful, Memphis Barbeque Network and volunteers associated with this event from liability. Further, I hereby grant full permission to use any photographs, videotapes, recordings or other Record of this event for any legitimate purpose. I agree to abide by the rules and regulations of Levee Fest, Central City Park, and the Memphis Barbecue Network.

Signature _____ Date _____

DEADLINE FOR REGISTRATION: SEPTEMBER 26, 2011
You will be notified of your acceptance via email.

Return Form / Application (both pages) with photo and check payable to:
Cherry Blossom Festival -794 Cherry Street, Macon, GA 31201
or
Credit Card Acceptable - all information must be completed below.

No Applications will be accepted without: Application, Photo, and Payment

Credit Card Payment

() VISA () MASTER CARD () AMEX () DISCOVER

NAME _____

CARD NUMBER: _____

EXPIRATION DATE : _____

CCD # _____ (3-DIGIT # ON BACK OF CARD)

BILLING ZIP CODE _____

Any questions - please contact:
Linda Maddox - Special Events Coordinator - Cherry Blossom Festival
OFFICE (478)751-7411 lmaddox@cherryblossom.com FAX (478)751-7408

www.leveefest.com

