



Hudson, NC

Butterfly Festival

@1982

"Caldwell County's Oldest Festival"

www.ncbutterflyfest.com

38TH ANNUAL NC 2020 BUTTERFLY FESTIVAL BOOTH APPLICATION

BUTTERFLY FESTIVAL DATE IS: SATURDAY, MAY 2, 2020
RETURN THIS FORM WITH FULL PAYMENT! Answer ALL questions in full!

Name _____

Organization/Business Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Alternate Phone _____

Email _____ (Preferred communication email ___ or postal mail ___)

Check One: FOOD VENDOR ___ CRAFT VENDOR ___ BUSINESS VENDOR ___
INFORMATION BOOTH ___ NON-PROFIT ___ OTHER ___

Give detailed list of items to be displayed, manner of display at your space (i.e. trailer, tables, food truck, etc.), and company you represent:

Food Vendors: A detailed menu of all the Items you intend to serve including the prices MUST be attached to this application. This will be the basis from which we choose vendors. Any deviation from your approved menu will not be allowed.

Please note: This is a RAIN OR SHINE EVENT! NO REFUNDS AFTER YOU ARE ACCEPTED!

Check One: Power Needed ___ No Power Needed ___

BOOTH RENTAL FEE (Received by 4/10/20): WITH POWER: \$150.00 -- FEE WITHOUT POWER: \$100.00

Late Registration Fee (Received after 4/10/20): \$20.00

Power Requirements:

Minimal power will be provided (ONE 120volt/15 amps outlet per vendor). List each appliance and the amps or watts it uses. If approved these will be the only appliances you will be allowed to use.

Appliance _____ Amps _____ Appliance _____ Amps _____

Appliance _____ Amps _____ Appliance _____ Amps _____

(Please attach additional sheets if necessary) **NO GENERATORS WILL BE ALLOWED WITHOUT PRIOR APPROVAL.**

FAILURE TO COMPLY WITH THE RULES AND REGULATIONS SET FORTH BY THE NORTH CAROLINA BUTTERFLY FESTIVAL COMMITTEE WILL RESULT IN THE VENDOR BEING EXPELLED FROM THE FESTIVAL EFFECTIVE IMMEDIATELY.

I, _____ (Printed), have read and understand all the attached Vendor Rules and Regulations; and, I agree to adhere and follow these stated policies. I understand that failure to comply with these policies could/will result in expulsion from the festival and prevent my participation in all future NC Butterfly Festivals.

(Signature)

(Date)

MAKE CHECKS PAYABLE TO: HCDA

PLEASE REMIT TO: HCDA, PO BOX 457, HUDSON, N.C. 28638

FOR OFFICE USE ONLY:

CHECK # _____ CASH _____ AMOUNT REC'D _____ DATE REC'D _____ INITIALS _____ ASSIGNED SPACE # _____