

40[™] ANNUAL 2024 NC BUTTERFLY FESTIVAL BOOTH APPLICATION

"Caldwell County's Oldest Festival

www.ncbutterflyfest.com

BUTTERFLY FESTIVAL DATE IS: SATURDAY, MAY 4, 2024 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:	emailor postal mail			
Check One: FOOD VENDORCRAFT VENDORBUSINESS VENDOR INFORMATION BOOTHNON-PROFITOTHER					
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 <u>MUST be</u> 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: Pov	wer Needed No	o Power Needed			
BOOTH RENTAL FEE (Received by 4/5/24):WITH	POWER: \$150.00 FEE WI	THOUT POWER: \$100.00			

Late Registration Fee (Received after 4/5/24): \$20.00 Late Registration may be accepted as space allows!

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						
•						
Appliance	Amps	Appliance	Ar	nps		
				•		
Appliance	_Amps	Appliance	Ar	mps		
(Please attach additional sh	neets if necess	ary) no generators	WILL BE ALLOW	ED WITHOUT		
PRIOR APPROVAL.						
FAILURE TO COMPLY	WITH THE	RIILES AND REG	HIATIONS	SET FORTH		
BY THE NORTH CARO						
RESULT IN THE VEND						
EFFECTIVE IMMEDIA				V1123		
l,		(Printed), have r	ead and unde	rstand all the		
attached Vendor Rules and						
policies. I understand that						
expulsion from the festival						
Festivals.	·			·		
(Signature)			(Date)			
MAKE CHECKS PAYABLE TO	D• HCD \					
WARE CHECKS PATABLE TO	J. HCDA					
PLEASE REMIT TO: H	CDA, PO BO	X 457, HUDSON, N	I.C. 28638			
********	*****	*******	*****	*****		
FOR OFFICE USE ONLY:						
CHECK# CASH AN	OUNT REC'D	DATE REC'D	INITIALS	ASSIGNED		

SPACE #_____