



41st ANNUAL 2025 NC BUTTERFLY FESTIVAL BOOTH APPLICATION

BUTTERFLY FESTIVAL DATE IS: SATURDAY, MAY 3, 2025
RETURN THIS FORM WITH FULL PAYMENT! *MUST Answer ALL questions in full!

Name		
Organization/Business Name		
Address		
City	State	Zip
Daytime Phone	Alternate Phone	e
Email	(Preferred Communication:	emailor postal mail
Check One: FOOD VENDORCRAFT		
*Give detailed list of items to be displayed trailer & trailer size, tables, food truck & ** In fairness to food vendors only water (no food samples) can be given away free of charge!! May attach additional sheet if necessary	length, etc.), and cor	npany you represent:
Food Vendors: A detailed menu of all the Items	s you intend to serve incl	uding the prices <u>MUST be</u>

Food Vendors: A detailed menu of all the Items you intend to serve including the prices <u>MUST be</u> <u>attached to this application</u>. This will be the basis from which we choose vendors. Any deviation from your approved menu will not be allowed. <u>In fairness to food vendors only water (no food or other drinks with the exception of small samples) can be given away free of charge!!</u>

Check One:	Power Needed	No Power Needed		
BOOTH RENTAL FEE (Received by 3/28/25)	:WITH POWER: \$150.00	FEE WITHOUT POWER: \$100.00		
Late Registration Fee (Received after 3/28/25): \$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 you will be allowed to use.				
ApplianceAmps_	Appliance	Amps		
ApplianceAmps_	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,				
(Signature)	(Da	ate)		
Please note: This is a RAIN OR SHINE EVENT!				
NO REFUNDS AFTER YOU ARE ACCEPTED!				
MAKE CHECKS PAYABLE TO: HCDA PLEASE REMIT TO: HCDA, PO BOX 457, HUDSON, N.C. 28638				
	CASH C'D INITIALS	AMOUNT REC'D ASSIGNED SPACE #		