

2017 Westport Art Festival FOOD VENDOR Application
APPLICATION DEADLINE JULY 26, 2017 (POSTMARKED BY JULY 21)
Vendor contact: Connie Newton, 360-591-2761 or email: WAFestInfo@gmail.com

Fee is non-refundable once notice of acceptance has been sent.

Acceptance letters will be emailed within one week of receipt by Festival committee.

Vendor letters with notification of booth assignments will be emailed Aug 1st, 2017.

Booth assignments are at the discretion of the Festival Committee. Additionally, the Committee reserves the right to refuse participation to applicants with substandard displays, or those who sell non-handcrafted items, or items not listed on application, or are deemed unprofessional in any manner, with no refund.

Checklist for Vendors

Please mail the following to Westport Art Festival, PO Box 1058, Westport, WA 98595:

- _____ Completed and signed application and Hold Harmless Agreement below.
- _____ 2-3 Clear photos of your food items, and copy of menu if available. NO CD's, please
- _____ One photo of truck or booth.

NO LONGER REQUIRED ~~Self-addressed, stamped envelope for acceptance notification~~

- _____ State Tax ID# _____ (required for participation)
- _____ Insurance # _____ (biz or home policy covering liability at events)
- _____ Check or Money Order made out to Westport Art Festival
- _____ **INCOMPLETE APPLICATIONS WILL BE RETURNED**

Westport Art Festival 2017 Hold Harmless Agreement

The below named exhibitor for the Westport Art Festival 2017 hereby releases the Westport Art Festival Committee 2017, the Westport/Grayland Chamber of Commerce, the City of Westport and any other volunteers, sponsors or patrons of the Westport Art Festival 2017, and any employees of the above named organizations, from any care, custody or control against injury, loss, theft, vandalism and/or fire, wind, rain or any other act of God, and assumes all responsibilities associated with the August 19 & 20, 2017 event.

Artisan: _____ / _____
(Signature) (Print full name)

Business Name: _____ Phone: _____

Address: _____

Date: _____ **Email:** _____

PLEASE PROVIDE A CELL PHONE NUMBER
WHERE YOU CAN BE REACHED DURING THE EVENT: _____

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(office use)

Returning Vendor New Vendor

Please list the food items to be sold:

Please indicate type of set-up _____ Booth _____ Self-contained trailer /truck

_____ Need electricity? (very limited availability)

Please indicate location preference _____ Marina _____ Museum (limited space)

Please list any special requests, ie: handicapped accessibility _____

(Every effort will be made to honor all requests, however requests are not guaranteed)

Vendor's name, business name and category will be listed on the printed exhibitor map and on website.

Please CHECK to indicate if you'd like to include any additional information (printed map only)

Phone _____ Email _____ Website (provide URL) _____

EARLY BOOKING RATE - APPLICATION MUST BE POSTMARKED BY MAY 31, 2017

EACH 10' x 10' space fee = \$100.00 # of booths requested: _____ x \$100 = \$ _____

LATE BOOKING RATE - APPLICATIONS POSTMARKED BETWEEN JUNE 1 AND JULY 21, 2017

EACH 10' x 10' space fee = \$115.00 # of booths requested: _____ x \$115 = \$ _____

TOTAL FEES ENCLOSED: \$

Entry fee and photos will be returned to you if you are not accepted.

I have read and agree to all terms and conditions set forth above:

Signature _____ Date _____