



Yule of Yesteryear Holiday Festival

NON-PROFIT, GOVERNMENT AGENCIES & CLUBS APPLICATION

WHEN: Saturday, December 8, 2018 10 a.m. - 4 p.m.

WHERE: Heritage Museum of Northwest Florida & Perrine Park, Valparaiso, Florida

FEE: \$25; \$20 for Museum Members (Add \$5 for electricity)

SPACES: Space is available on a first come, first serve basis.
Tent, booth, tables and equipment must be provided by vendor.

RULES:

1. Exclusive rights for some beverages belong to the Museum and selected community partners. Please verify with Museum Staff what beverages you are permitted to sell.
2. On-site overnight camping or overnight hookups are not permitted.
3. Food concessionaires must be set up and vehicles moved before 9:00a.m. on festival day. Parking is available on nearby streets.
4. Concessionaires must stay the full seven hours of festival.
5. Silent auctions, drawings, raffles, etc. are **not** permitted by an exhibitors or concessionaires without pre-approval from the Heritage Museum Assoc., Inc.
6. Concessionaires must abide by these rules and regulations. The signature below indicates that you release and forever discharge the Heritage Museum Assoc., Inc., its Trustees, Employees and Volunteers, and the City of Valparaiso, from any responsibility, personal liability, loss, claims or damages arising out of or in connection with this event.
7. Concessionaires will be asked to remove from sale any food and drinks that were not pre-approved by the Heritage Museum of Northwest Florida Events Committee.
8. The Museum's Events Committee reserves the right to refuse applications.
9. NO Rain Date. Fees are a donation to the Museum, and are **non-refundable** and **non-transferable**.

SPACE IS LIMITED – PLEASE RESPOND PROMPTLY!

Mail or deliver completed form & payment to: **HMNF - 115 Westview Ave., Valparaiso, FL 32580.**
 You will receive confirmation via telephone or email. You may fax this form to (850) 678-4547 and pay by MC/VISA by calling (850) 678-2615 during museum hours: Tuesday through Saturday, 10 a.m. to 4 p.m.

New Vendor: Repeat Vendor: Picture enclosed: Electricity: (add'l \$5) Museum Member: (\$5 off total)

Type of group: Non-profit: Government Agency: Club: Other: _____

Description of group, your mission & purpose: _____

Contact Name: _____ Group Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Signature of Vendor/Business Owner: X _____ Amount Enclosed: _____

For Staff Use Only: DATE: _____ **AMOUNT PAID:** _____ **Cash, Check #** _____, **MC / VISA**

NOTES: _____