



**5<sup>th</sup> Annual**  
**Carolina Strawberry Festival**  
**CRAFT/COMMERCIAL VENDOR APPLICATION**

FESTIVAL USE ONLY	
Date Received:	
Total Fee Due:	
Amount Paid:	
Payment Type:	

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Items to be displayed or for sale *(must be approved by Festival Committee prior to Event):*

\_\_\_\_\_  
\_\_\_\_\_

**RATES:**

☐ CRAFT/COMMERCIAL VENDOR - \$50.00

☐ NON-PROFIT VENDOR (INFO ONLY) - NO FEE  
\*must have documentation of non-profit status

**CHECK all items below that apply:**

☐ Electrical 120 outlet. **(Additional \$10.00)** Maximum Amps Needed: \_\_\_\_\_

Will you be bringing: ☐ Tent \_\_\_\_\_ (Size) ☐ Enclosed Trailer \_\_\_\_\_ (Size)

Setup Preference: ☐ Grass ☐ Pavement ☐ Either/No Preference

Special Requests: \_\_\_\_\_

We will attempt to accommodate special requests, however, due to the number of vendors and guests not every request can be honored.

**\*\*\*All Vendor setup locations are at the discretion of Strawberry Festival Committee\*\*\***

**Return completed application along with payment no later than WEDNESDAY, APRIL 15, 2015**  
**Applications received after due date may be rejected or a Late Entry Fee of \$25.00 will be applied.**

Total Fee: \$ _____	Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
CC #: _____	Exp Date: _____/_____/_____ (mm/yy)			
Contact Name: _____	CVV2 (3 or 4 digit) _____			
Mailing Address: _____	City	State	Zip	
I authorize the Carolina Strawberry Festival to charge the credit card indicated above and I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.				
Cardholder Signature: _____	Date: _____			

**Please make check payable to "Carolina Strawberry Festival" (\$30.00 fee for all returned checks)**

**Mail to: Carolina Strawberry Festival, 316 E Murray St, Wallace, NC 28466**

**For More Information: Call 910-447-9925 Email: vendors@carolinastrawberryfestival.com or Visit:**

**[www.CarolinaStrawberryFestival.com](http://www.CarolinaStrawberryFestival.com)**