VENDOR APPLICATIONS

42ndAnnual COOLIDGE COTTON DAYS Festival March 1, 2 & 3, 2024

Applications for **Food Booths must be submitted** no later than **February 14, 2024 at 5:00p.m.**

Name:						
Business Name:						
Address:						
		State: Zip:				
Phone:	Email:					
		e it be Food, Drinks, or Products to be sold. Only Products or additional space is needed, please attach an additional sheet to				
1	6	11				
2	7	12				
3	8	13				
4	9	14				
5	10	15				
Booth or Traile Indicate Front Serving from Front	or every extra 1ft frontage. s of your trailer including hitch.	12ft x 12ft is a fee of \$225.00 Apply an additional \$20 for every extra 1ft frontage This includes all parts of your trailer including hitch. Booth or Trailer: Indicate Actual Dimensions Front X Side Serving from Front Side We only guarantee the frontage open area to sell from.				
	(1	rmation Booth 12ft x 12ft) 00 for Profit and \$15.00 fee for Non-Profit c available				
Do you req	15 amps available f	able for Food Booths or Non-Food Booths check whichever applies: Do you require Water? Yes No or? Yes No				



VENDOR ACKNOWLEDGEMENT FORM 42ndAnnual Coolidge Cotton Days Festival March 1, 2 & 3, 2024

I affirm that the information presented in this application is fair and accurate. I have read the Rules and Regulations and if accepted, I agree to the rules and regulations set forth by the Coolidge Chamber of Commerce Board of Directors. I understand that the Coolidge Chamber of Commerce, Board of Directors, employees, volunteers along with the City of Coolidge are not responsible for any loss, damage or accident.

The Coolidge Chamber of Commerce Board of Directors reserve the right to approve and/or deny applications as deemed in the best interest of the Cotton Days Festival. The Board of Directors also reserve the right to refuse a vendor the right to sell any particular item.

Signature:		Date:			

		For Chamber	Use Only		
Enclosed is the following:			ese omj		
 Completed appli Food and drink i Completed appli Photo or Drawin Check made pay 	items itemized on ap ication for Pinal Coung of Booth/Trailer.	inty Temporary Ev	ent Food Booth		
Date Paid:	Cash:	Check#			
Credit Card#			Exp:	CCV#:	
Approved:					
Date:	· · · · · · · · · · · · · · · · · · ·				
Rejected:					
Date:					
Reason for Rejection:					
Notification Sent to Vendo					

Via Email: