

2018 Scandinavian Midsummer Festival Association
PO Box 34
Astoria, OR 97103
Email: scanfestbooths@gmail.com

ASMFA BOOTH APPLICATION
Application and Payment Due: APRIL 16th, 2018

Please Fill Out Completely & Print Clearly

Organization: _____
Contact Person: _____
Address: _____
City / State / Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Vendor Type: For Profit **Non-Profit** (Free Booth Fee-must meet Non-Profit criteria)
(Electricity for a fee - fill out electricity info below)

Booth Location: Indoor Outdoor

RV Parking / Camping: No Yes (add'l info will be sent to you)

Booth Type: Food Arts & Crafts Other

Booth Size (minimum): (10 ft wide x 10 ft deep) 10 ft x 10 ft = \$ 150.00

*Additional Booth Width: (\$15 each add'l ft) _____ ft x \$ 15.00 /ft = \$ _____

Corner Booth: **0** = No **1** = Yes _____ x \$ 75.00 = \$ _____
(0 or 1)

8 ft Table (included in booth fee): **0** = No **1** = Yes _____ x \$ - = \$ **FREE**
(0 or 1)

*Additional 8 ft. Table(s) (\$10 each add'l table) _____ x \$ 10.00 ea. = \$ _____

Electricity (Minimum = 1 circuit): **0** = No **1** = Yes _____ x \$ 30.00 = \$ _____
(0 or 1)

*Additional Electrical Circuits: (\$10.00 each add'l circuit) _____ x \$ 10.00 ea. = \$ _____

TOTAL DUE:	\$
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Brief Description of Products: _____

Return Application with Payment to: ASMFA, Attn: Booth Applications, PO Box 34, Astoria, OR. 97103

Terms & Conditions:
Insurance & Liability: Neither the Scandinavian Midsummer Festival Assn, Clatsop County, Clatsop Cty Fair Board, nor any and all sponsors shall be responsible for loss or damage occurring to vendors or their contents for any cause. If insurance is required, it must be obtained by the organization or individual renting the booth space. The organization agrees to protect and hold harmless the Scandinavian Midsummer Festival Assn., Clatsop Cty, Clatsop Cty Fair Board, and any and all sponsors of this event, their successors, representatives, and assignees, for any injuries suffered while participating in the ASMFA 2018.

Signature of Representative: _____ Date: _____

For Festival Use Only: Date Recv'd: _____ Check #: _____ Amount Recv'd: \$ _____
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To Be Filled Out ONLY if Requesting Electricity:

Organization: _____

Electricity (Minimum = 1 circuit): 1 = \$30.00 Booth Size: 10 x _____

*Additional Electrical Circuits: _____ = _____
(\$10.00 each add'l circuit)

Total Circuits: =

List ALL appliances and **wattage** needed. (Wattage = Amps x Volts)

Appliance: _____ **Wattage:** _____

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Appliance: _____ **Wattage:** _____

Appliance: _____ **Wattage:** _____

Appliance: _____ **Wattage:** _____

***If additional space is needed, please list on the back of this form*

Additional Comments / Information:

For Festival Use Only:	
BOOTH #:	_____

For Festival Use Only:

Date Received: _____ Amount of Pymt: _____