# 2024 Scandinavian Midsummer Festival Association PO Box 34

Astoria, OR 97103

Email: scanfestbooths@gmail.com

# ASMFA BOOTH APPLICATION Application and Payment Due: <u>APRIL 19th, 2024</u>

Please Fill Out Completely & Pri	nt 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)				criteria)				
<b>Booth Type:</b>	☐ Food	1	☐ Arts &	Crafts			Otl	her	
<b>Booth Location:</b>	☐ Indoor	(all spaces ar	e indoors)						
RV Parking / Camping:	☐ Yes (fil	l out "Request f	or Vendor F	RV Parkii	ng" form)				
<b>Booth Size</b> (minimum):	(10 ft wide x	10 ft deep)	10	ft x	10	ft	=	\$	150.00
*Additional Booth Width:	(\$15 each add	1 ft)		ft x	\$15.00	/ft	=	\$	
Corner Booth:	□ No	☐ Yes		X	\$75.00		=	\$	
6 ft Table (included in booth fee):	□ No	□ Yes		x	\$ -			\$	FREE
*Additional 6 ft. Table(s)	(\$10 each add	'l table)		X	\$10.00	ea.		\$	
<b>Electricity</b> (Minimum = 1 circuit):	□ No	☐ Yes		X	\$30.00		=	\$	
*Additional Electrical Circuits:	(\$10.00 each	add'l circuit)		X	\$10.00	ea.	=	\$	
			TOTAL DUE: \$						
<b>Brief Description of Products:</b>									
Return Application wit	h Payment to	: ASMFA, A	Attn: Boot	ths, PO	Box 34,	Asto	ria,	OR. 97	103
Terms & Conditions: Insurance & Liability: Neither the Sca and all sponsors shall be responsible for quired, it must be obtained by the orga harmless the Scandinavian Midsumme event, their successors, representatives  Signature of Representative:	or loss or damag nization or indi r Festival Assn.	ge occurring to vidual renting to, Clatsop Cty, C	vendors or the booth spa Clatsop Cty	heir conte ace. The Fair Boa	ents for an organization	y cau on ag y and	se. I rees all s	f insuran to protec sponsors	ce is re- et and hold of this
For Festival Use Only:									
Date Recv'd:	Check #	<del>!</del> :	Amo	ount Rec	ev'd: \$				

## 2024 Scandinavian Midsummer Festival Association PO Box 34

Astoria, OR 97103

Email: scanfestbooths@gmail.com

# ASMFA BOOTH APPLICATION Application and Payment Due: <u>APRIL 19th</u>, 2024

#### To Be Filled Out **ONLY** if Requesting Electricity:

Organization:			_			
Contact Person:			_			
Contact Phone #:						
Electricity (Minimum = 1 circuit): 1 =	\$30.00 <b>Boot</b>	h 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:				
Appliance:		Wattage:				
Appliance:		Wattage:				
Appliance:		Wattage:				
Appliance:		Wattage:				
**If additional space is needed, please list on the back of this	form					
Additional Comments / Information:						
		For Fe	stival Use Only:			
		ВООТН #:				
For Festival Use Only:						
Date Received:	Amount of Pymt:					

## ASTORIA SCANDINAVIAN MIDSUMMER FESTIVAL ASSOCIATION

## APPLICATION for VENDOR RV PARKING

- \*You have indicated on your Vendor Application that you would like RV accommodations.
- \*All RV sites are located in the gravel parking area across the road from the Clatsop County Fairgrounds Event Center.
- \*All campers must be an ASMFA Vendor, Entertainer, or Officer of the Festival.
- \*Campsite rates are established by the Clatsop County Fairgrounds

### Form and Payment must be submitted with Vendor Application

Check One:	**Hook-ups include water and electric only (no sewer)		ite per Night	# of Nights	Total	
	Camping with Hook-ups	\$	35.00	0	\$	
	Camping without Hook-ups	\$	15.00	0	\$	-

CAMPER INFORMATION:						
Vendor Name:						
Contact Name:						
Contact Phone #:						
Email:						
RV Self-Contained:	☐ Yes	□ No				
Requested Hook-ups:	□ Water	☐ Electricity				
Type of RV:	☐ Motorhome	☐ 5th Wheel	☐ Travel Trailer			
Number of Slides: _						
Length of RV: (ft)	RV License	#:	State:			
Please send my confirmat	ion for RV Parking by	(select one):				
-	☐ Email	☐ Text Message				