



2024 Scandinavian Midsummer Festival Association  
PO Box 34  
Astoria, OR 97103  
Email: scanfestbooths@gmail.com

**ASMFA BOOTH APPLICATION**  
**Application and Payment Due: APRIL 19th, 2024**

To Be Filled Out ONLY if Requesting Electricity:

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

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:** \_\_\_\_\_

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 Festival Use Only:	
<b>BOOTH #:</b>	_____

**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)	Rate per Night	# of Nights	Total
<input type="checkbox"/>	Camping with Hook-ups	\$ 35.00	0	\$ -
<input type="checkbox"/>	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 confirmation for RV Parking by (select one):

Email

Text Message