

Confirmation Sent: \_\_\_

\_\_\_\_\_ By? USP Email

## ROGUE RIVER NATIONAL ROOSTER CROWING CONTEST VENDOR BOOTH APPLICATION FORM June 29-30, 2024

Date Received: Date Paid:	Amount:	Form of Payment:	
Applicants Signature	Date	9	
·			
hereby affirm that the information above is complete and of	correct:		
Total Amount Remitted			
Number of Non-Profit Booths (\$35.00 each)	,		
Number of Commercial Booths (\$100.00 ear		<u></u>	
Type of Booth: Commercial Booth Non-Profit			
Kiwanis and return with this completed form to <b>Ro</b> Requested Booths (see map): We v			
You can pay online by credit card at <b>RRKiwanis.org</b> by			er
first be provided to the vendors that absolutely needs it to made upon availability. <b>GENERATORS ARE NO LONGER</b>	produce their product such as fo	od and refrigerated items. Other considerations ca	
If you require electricity 110 is provided but limited (providin	ng one household recentacle per bootl	h) and spread out in designated booth areas. Powe	ېر ۱۸/i
All of the information above must be completed to assure than 12' of ground space, you must purchase more than clooth. PAYMENT MUST BE SUBMITTED AT TIME OF RIfees have been paid. You will then receive a confirmation caroliw52@gmail.com or mail to Rogue River Kiwanis, Att first served bases. All applications must be remitted by Tholaced at our discretion. Overnight security is provided how loss or damage of your merchandise during this event.	one booth. The cost for each coming EGISTRATION. A booth space with the control of the cost of the cos	mercial booth is \$100.00 and \$35.00 for each non- Il not be reserved until a completed application and v.RKiwanis.org you must email all your documen River, Oregon 97537. Booths are issued on a first of booth availability. Late entries are welcome but w	prof d th nts t com vill be
structure setup):	· · ·		
Briefly describe the items being sold, advertised or any gar			r
Total Size of Canopy, Trailer or Structure:(for trailer's see the sample diagram, be sure to	include any overhang, low hitches, door ar	nd serving access, tables, etc. in your space)	
Type of Business:			
Phone Number(s):			
Email Address:	· · · · · · · · · · · · · · · · · · ·		
City, State, Zip:			
Mailing Address:			
Contact Person:			
Name of Non-Profit Organization:			
Name of Business or Owner:			

Power Provided? Y N

Booth No. Assigned: \_