



Hudson, NC

Butterfly Festival

@1982

"Caldwell County's Oldest Festival"

www.ncbutterflyfest.com

HUDSON BUTTERFLY FESTIVAL APPLICATION 2018

BUTTERFLY FESTIVAL DATE IS: SATURDAY, MAY 5, 2018

Please note: This is a RAIN OR SHINE EVENT! NO REFUNDS AFTER YOU ARE ACCEPTED!

Name _____

Organization/Business Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Alternate Phone _____

Email _____ (All future communication will be by email)

Check One: FOOD VENDOR _____ CRAFT VENDOR _____ BUSINESS VENDOR _____
INFORMATION BOOTH _____ NON-PROFIT _____ OTHER _____

Give detailed list of items to be displayed, manner of display at your space (i.e. trailer, tables, food truck, etc.), and company you represent:

Food Vendors: A detailed menu of all the Items you intend to serve including the prices MUST be attached to this application. This will be the basis from which we choose vendors. Any deviation from your approved menu will not be allowed.

Check One: Power Needed _____ No Power Needed _____

BOOTH RENTAL FEE: WITH POWER: \$125.00 -- FEE WITHOUT POWER: \$75.00

Power Requirements:

Minimal power will be provided (ONE 120volt/15 amps outlet per vendor). List each appliance and the amps or watts it uses. If approved these will be the only appliances you will be allowed to use.

Appliance _____ Amps _____ Appliance _____ Amps _____

Appliance _____ Amps _____ Appliance _____ Amps _____

(Please attach additional sheets if necessary) **NO GENERATORS WILL BE ALLOWED WITHOUT PRIOR APPROVAL.**

FAILURE TO COMPLY WITH THE RULES AND REGULATIONS SET FORTH BY THE NORTH CAROLINA BUTTERFLY FESTIVAL COMMITTEE WILL RESULT IN THE VENDOR BEING EXPELLED FROM THE FESTIVAL EFFECTIVE IMMEDIATELY.

I, _____ (Printed) , have read and understand all the attached Vendor Rules and Regulations; and, I agree to adhere and follow these stated policies. I understand that failure to comply with these policies could/will result in expulsion from the festival and prevent my participation in all future NC Butterfly Festivals.

(Signature)

(Date)

MAKE CHECKS PAYABLE TO: HCDA

PLEASE REMIT TO: THE GOLD MINE, 545 MAIN ST, HUDSON, N.C. 28638

FOR OFFICE USE ONLY:

CHECK # _____ CASH _____ AMOUNT REC'D _____ DATE REC'D _____ INITIALS _____ ASSIGNED SPACE # _____