

Quartz, Quiltz & Craftz Festival Vendor Application

October 13-15, 2017

MONTGOMERY COUNTY FAIRGROUNDS, MOUNT IDA, ARKANSAS

RULES AND REGULATIONS

Booth space is for three days, Fri – Sun, Oct 13 - 15, 2017.

No displays may be removed before closing on Sunday
without prior approval from the Mount Ida Area Chamber of Commerce.

1. Show hours are as follows: Friday & Saturday 9:00 AM - 6:00 PM, Sunday 10:00 AM - 4:00 PM
2. Booth fee must be PAID IN FULL in advance to reserve space. No refunds after Oct 1, 2017.
3. Set-Up times are from 1:00 to 5:00 PM on Thursday, October 12th and 7:00 - 9:00 AM Friday.
4. Buildings and gates are locked each night.
5. No security guard provided. Some vendors and diggers will camp onsite overnight. If you wish to camp overnight at the fairgrounds during the festival, you must call ahead: 870-867-2723
6. Assignment of booth spaces is at the sole discretion of the show manager, no exceptions.
7. All exhibitors must provide their own tables, chairs, and provisions for inclement weather.
8. In the event of rain or circumstances beyond the control of man, no refunds will be given.
9. No booth sharing without prior approval from the Mount Ida Area Chamber of Commerce.
10. Exhibitors must keep booth area clean during and after the show.
11. Exhibitors are responsible for complying with all state and local sales tax requirements.
12. First time show vendors must submit color photographs of merchandise with application.

Please indicate which booth space you are applying for:

___ Outdoor 12'X12' \$ 75.00/ea ___ Indoor (in "Quartz" bldg) 6'X12' \$160.00/ea

Please describe the items you are selling:

Booth Name _____

Responsible Party Name (First, Last) _____

Address _____

City, State & Zip _____

Phone _____ Cell _____ E-Mail: _____

I hereby agree to abide by the 2017 Quartz, Quiltz & Craftz Festival Rules and Regulations Vendors as described above and release all organizers, hosts, and sponsors from any responsibility and /or liability due to accidents, theft, loss, or damages.

Signature: _____ Date: _____

Number of Booths: _____ Total for Booth(s) \$ _____

Return this application form with your Check or Money Order payable to:
Mt. Ida Area chamber of Commerce, P.O. Box 6, Mt. Ida, AR. 71957, (870) 867-2723