



4TH Annual Healthy Food Festival VENDOR APPLICATION

Business or Organization Name: _____

Contact Name: _____ Phone: _____

Email: _____ Website: _____

Product or Service Category (please select all that apply)

- Food product Service Education Retail Sales Health Care Treatment
 Farm Garden Youth Restaurant Personal Services Information

Please describe your booth and service _____

Booth Options (please mark your selection):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Nonprofit Tabling (single table unmanned - no electric) | FREE |
| <input type="checkbox"/> 8 x 10 Standard Booth (no electricity) | \$ 75 early bird - \$100 after July 1 |
| <input type="checkbox"/> 8 x 10 Standard Booth (with electricity) | \$100 early bird - \$125 after July 1 |
| <input type="checkbox"/> 8 x 20 Double Booth (no electricity) | \$175 early bird - \$200 after July 1 |
| <input type="checkbox"/> 8 x 20 Double Booth (with electricity) | \$200 early bird - \$225 after July 1 |
| <input type="checkbox"/> 12 x 12 Corner Booth (no electricity) | \$175 (limited availability) |
| <input type="checkbox"/> 12 x 12 Corner Booth (with electricity) | \$200 (limited availability) |

Add advertising in the Healthy Food Festival Guide (all vendors will be listed by booth space):

Ad size	b/w	color
<input type="checkbox"/> 2.5" x 2.5"	\$40	\$150
<input type="checkbox"/> 2.5" x 4.25"	\$55	\$200
<input type="checkbox"/> 5.25" x 2.5"	\$75	\$225
<input type="checkbox"/> 5.25" x 4.25"	\$100	\$250
<input type="checkbox"/> 8" x 5.25"	\$200	\$500

My total Booth Space Reservation:

Booth \$ _____

Ad space \$ _____

Total Due \$ _____

Office use only:

Date of Application: _____

Date of Acceptance: _____

Payment Method: CC check # _____

PayPal Square Cash In Kind

Payment Amount: _____

Processed by: _____

Submitting this application does not guarantee vendor space. Confirmation will follow. There are limited spaces available for each booth and type of vendor. By signing below, you verify that you are the responsible party for this vendor and our contact for planning and follow-up. Checks will not be cashed before vendor is approved.

Signature: _____ Date: _____

Please mail this application with check payable to: Grace Roots PO Box 2626 Grants Pass, OR 97528 or pay online at www.HealthyFoodFestival.org/vendors Questions? Call Mayana 541-543-8052

Email completed form to mayana@grrrc.org