



# 4<sup>TH</sup> 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](http://www.HealthyFoodFestival.org/vendors) Questions? Call Mayana 541-543-8052

Email completed form to [mayana@grrrc.org](mailto:mayana@grrrc.org)