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):
☐ Nonprofit Tabling (single table unmanned - no electric) FREE
☐ 8 x 10 Standard Booth (no electricity) $ 75 early bird - $100 after July 1
☐ 8 x 10 Standard Booth (with electricity) $100 early bird - $125 after July 1
☐ 8 x 20 Double Booth (no electricity) $175 early bird - $200 after July 1
☐ 8 x 20 Double Booth (with electricity) $200 early bird - $225 after July 1
☐ 12 x 12 Corner Booth (no electricity) $175 (limited availability)
☐ 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):

<table>
<thead>
<tr>
<th>Ad size</th>
<th>b/w</th>
<th>color</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5” x 2.5”</td>
<td>$40</td>
<td>$150</td>
</tr>
<tr>
<td>2.5” x 4.25”</td>
<td>$55</td>
<td>$200</td>
</tr>
<tr>
<td>5.25” x 2.5”</td>
<td>$75</td>
<td>$225</td>
</tr>
<tr>
<td>5.25” x 4.25”</td>
<td>$100</td>
<td>$250</td>
</tr>
<tr>
<td>8” x 5.25”</td>
<td>$200</td>
<td>$500</td>
</tr>
</tbody>
</table>

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

Healthy Food Festival is produced Grace Roots ~ Pathways to Wellness and a collaboration of 501c3 nonprofits and sponsors in Josephine County. All donations are tax deductible to the full extent of law.