

The American Heritage Society of Georgia, Inc.

2014

“Christmas Traditions Bazaar & Fair”

NON PROFIT APPLICATION

FINAL APPLICATION DUE: October 15, 2014

Please Print & Complete, preferably **IN BLUE INK**, the following form for consideration as a potential exhibitor for the above event. This Application becomes a Contract Agreement upon Committee Approval with processed payment. If approved, a “Confirmation Letter of Acceptance” will be sent to you to include the Registration Details, FREE Parking Info and Special DISCOUNT Hotel & RV Rates. Your information will be placed in our database files as we continually plan other events and it will not be shared with other event managers, coordinators, and/or planners unless specified below. All Booth Fees are non-refundable. If you have any questions or concerns, please call or email the Show Coordinator.

Note: All work must be suitable for a Family oriented Show. Show Management does not guarantee exclusivity to any exhibitor for products and/or services displayed at this Show. In order to minimize duplications, please state exactly what you plan to exhibit. If possible, two (2) Photos of Demonstrations of your Art or Craft are needed for marketing with your application. If your buy/sell product has a brand name, it must be shown as well. Although your Resume & Promotional Materials are suggested, they are optional with this Application. Process Time approximately 2 Weeks.

NON PROFIT ORGANIZATION NAME _____

CONTACT NAME _____ TITLE _____

MAILING ADDRESS _____ CITY _____ State _____ Zip _____

WORK PHONE _____ CELL _____ HOME PHONE _____

EMAIL ADDRESS _____ WEBSITE: _____

Do you have Show, Craft, or Liability Insurance Coverage? Yes (Please Attach Copy.) No Not Applicable

Do you have a Food License or Food Liability Coverage? Yes (Please Attach Copy.) No Not Applicable

Do you need any Accommodations? Hotel (?) RV Setup (?) No Accommodations (?)

WARES & PRICES \$ (See & Attach Additional Sheet If Necessary.) _____

Booth Space (Check One): 10' x 10' - **\$75** (1- 6' Table/2 Chairs) 10' x 20' - **\$150** (2- 6' Tables/2 Chairs)

Electricity? Yes No Type: 120V (20 Amps) Electric Fee: **\$20** **LATE FEE** **\$15**

Participation in Juried Art & Craft? (No Buy/Sell Items Permitted.) Yes No Juried Fee: **\$25**

****Please include (1) Photo of your Booth Setup with (4) Close Ups & Captions of your Wares or Food.****

Additional 6' Table(s) _____ X \$10 each = \$ _____

TOTAL AMOUNT DUE: \$ _____

FOR MARKETING PURPOSES:

Do you wish to provide a Door Prize? Yes No

Can you Demonstrate your Art or Craft at this Event? Yes No

LOGO EMAILED? Yes No LINK EMAILED? Yes No

Do you wish to have your contact information shared with others? Yes No

Non Profit Authorized Signature: _____ **Date:** _____

VILLAGE 1: ARTISAN & CRAFTSMAN VENDORS (Please check all that apply.)

<input type="checkbox"/> 2 - 3 DIMENSIONAL ART	<input type="checkbox"/> GLASS	<input type="checkbox"/> TOYS - TRADITIONAL
<input type="checkbox"/> BASKETRY	<input type="checkbox"/> JEWELRY	<input type="checkbox"/> WOOD CARVING
<input type="checkbox"/> BLACKSMITHING	<input type="checkbox"/> LEATHER	<input type="checkbox"/> FURNITURE
<input type="checkbox"/> BOTANICALS	<input type="checkbox"/> MUSIC & INSTRUMENTS	<input type="checkbox"/> WOODENWARE
<input type="checkbox"/> BROOM MAKING	<input type="checkbox"/> POTTERY	<input type="checkbox"/> WOOD TURNING
<input type="checkbox"/> CANDLE MAKING	<input type="checkbox"/> SCULPTURE	<input type="checkbox"/> CHRISTMAS ITEMS
<input type="checkbox"/> FOLK ART	<input type="checkbox"/> SOAP MAKING	<input type="checkbox"/> PHOTOGRAPHY
<input type="checkbox"/> FOOD (Attach Item List - Free Samples Allowed)	<input type="checkbox"/> TEXTILES (Clothing, Quilts, etc.)	<input type="checkbox"/> ART & DÉCOR
<input type="checkbox"/> TINSMITHING & METAL	<input type="checkbox"/> OTHER CRAFT _____	

VILLAGE 2: COMMERCIAL/RETAIL VENDORS - Buy/Sell (Please describe your wares.) _____

FOOD CONCESSIONAIRES: CALL OR EMAIL FOR SEPARATE APPLICATION - INFORMATION BELOW.

TO INCREASE OUR DATABASE VARIETY EACH YEAR, DO YOU HAVE A VENDOR, CONCESSIONAIRE, CRAFTSMAN OR ARTISAN THAT YOU RECOMMEND? (Please List.)

MAKE CHECKS/MONEY ORDERS PAYABLE TO: *American Heritage Society of Georgia, Inc.*

FOR CREDIT/DEBIT CARD: Card Name _____ Card # _____

EXPIRATION DATE ____/____/____ CCV Code (On Back of Your Card) _____ Billing Zip _____ Amount: \$ _____

I authorize my Credit/Debit Card Charge as noted above. (Signature & Date): _____/_____

PLEASE MAIL THIS FORM WITH PHOTOS, WAIVER, AND YOUR CHECK/MONEY ORDER TO:

Vesta B. Smith, Show & Events Coordinator
P. O. Box 3492 - Alpharetta, GA 30023
Direct: 770-653-6821

Christmas@AmericanHeritageSocietyofGeorgia.com
www.AmericanHeritageSocietyofGeorgia.com
Office & Fax: 678-580-5800

For Office Use Only:

DATE RECEIVED: _____	CC/CHECK/MO # _____	AMOUNT \$ _____
RECEIVED BY: _____	DEPOSIT DATE _____	INITIALS _____
JURIED & PAID: YES NO	ELECTRICITY: YES NO	EXTRA TABLES _____
LOGO RECEIVED _____	LINK RECEIVED _____	APPLICATION COMPLETE: _____
ACCEPTED _____	DECLINED _____	LETTER SENT: _____
VILLAGE & BOOTH ASSIGNMENT: _____		ANY STIPS? _____

