

# Pear Blossom Festival Association



Pear Blossom Street Fair  
 PO Box 335  
 Medford, OR 97501  
 (541) 890-1828  
 pearblossomstreetfair@gmail.com

# Amount To Remit

## Commercial

10x10 - \$205 \_\_\_\_\_

10x20 - \$375 \_\_\_\_\_

## Food Vendors

10x10 - \$295 \_\_\_\_\_

10x20 - \$525 \_\_\_\_\_

## Non-Profit

10x10 - \$150 \_\_\_\_\_

10x20 - \$265 \_\_\_\_\_

## Non-Profit Food Vendors

10x10 - \$225 \_\_\_\_\_

10x20 - \$325 \_\_\_\_\_

If received before 11/30/2017 -\$25.00

**TOTAL DUE:** \_\_\_\_\_

Space Application & Agreement For The:

**2019 Pear Blossom Street Fair**  
**Friday, April 12th, 2019 Noon-10pm**  
**Saturday, April 13th, 2019 7am-6pm**

## EXHIBITOR INFORMATION

The parties to this agreement are PBFA (Management) and Exhibitor (Name as appears below)

**PLEASE WRITE LEGIBLY**

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Trade Name \_\_\_\_\_

**We will be exhibiting the following goods and services with pictures - Be Specific:**

**Unit height & length (including tongue):**

**List any companies or products you DO NOT wish to have near your booth:**

## Electricity

Total Voltage \_\_\_\_\_ Total Amperage \_\_\_\_\_

\_\_\_\_ 50 AMP 220 \_\_\_\_ 30 AMP 220 \_\_\_\_ 20 AMP 220

\_\_\_\_ 30AMP 110 \_\_\_\_ 20AMP 110

**PLEASE INDICATE WHICH PLUG IN YOU WILL BE USING  
SELECT ONE ONLY**

Any additional electrical needs will be at vendor expense.  
Vendor is responsible for: electrical cords with pigtails, licenses, fees,  
insurance and Health Department requirements.

**By submitting this application we request space in the  
2019 Pear Blossom Street Fair**

THE UNDERSIGNED HAS READ AND AGREES TO ALL TERMS AND  
CONDITONS SET FORTH ABOVE AND IN THE RULES AND REGULATIONS.

EXHIBITOR CONFIRMS AND AGREES THAT AFTER JANUARY 15, 2019, THE  
APPLICATION FEES ARE NON-REFUNDABLE.

NO RESERVATIONS ACCEPTED AFTER 3/31/19.

Signed \_\_\_\_\_

License Plate # \_\_\_\_\_

## Credit Card Payment

Name On Credit Card \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ CVV (3 digit code) \_\_\_\_\_

Your Signature \_\_\_\_\_ (by signing I authorize the MMDA to charge my card in the amount due as noted above)

*If paying by money order, please make it payable to Pear Blossom Festival Association (PBFA)*