Pear Blossom Festival Association



Space Application & Agreement For The:

2020 Pear Blossom Street Fair Friday, April 10th, 2020 Noon-10pm Saturday, April 11th, 2020 7am-6pm

Company

Address _____ City _____ State ____ Zip ____

Trade Name

Name On Credit Card _____

m Festival Association	Amount To Remit	
Pear Blossom Street Fair PO Box 335 Medford, OR 97501 (541) 890-1828 pearblossomstreetfair@gmail.com	Commercial 10x10 - \$210 10x20 - \$380 Food Vendors 10x10 - \$300 10x20 - \$530 Non-Profit 10x10 - \$200	
ation & Agreement For The: Blossom Street Fair I 10th, 2020 Noon-10pm oril 11th, 2020 7am-6pm	10x20 - \$300 Non-Profit Food Vendors 10x10 - \$225 10x20 - \$325 If received before 11/30/2019 TOTAL DUE: -\$25.00	
State Zip	Contact Name Phone # Email	
he following goods and services with pictures	- Be Specific:	

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:		
Total Voltage Total Amperage 20 AMP 220 20 AMP 220 20 AMP 220 20 AMP 110 20 AMP 220	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, 2020, THE APPLICATION FEES ARE NON-REFUNDABLE. NO RESERVATIONS ACCEPTED AFTER 3/31/20.	
Any additional electrical needs will be at vendor expense. Vendor is responsible for: electrical cords with pigtails, licenses, fees, nsurance and Health Department requirements.	SignedLicense Plate #	
Credit Card Payment		

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

Address _____ City ____ State ___ Zip____

 Credit Card # ______
 Expiration Date _____/ _____
 CVV (3 digit code) ______