



P.O. Box 5009, Bella Vista, AR 72714-5009
 479.855.2064 ♦ info@bellavistafestival.org
www.BellaVistaFestival.org

Celebrating our 44th Year!
October 18, 19, 20, 2012

For office use only
BOOTH ASSIGNED

PLEASE PRINT CAREFULLY & COMPLETE ALL INFO ON BOTH PAGES

LAST NAME: _____ FIRST NAME: _____

IF YOU ARE SHARING A BOOTH WITH ANOTHER VENDOR, THEY MUST COMPLETE A SEPARATE APPLICATION – THEY DO NOT NEED TO PAY ANY ADDITIONAL FEE. PERSON SHARING YOUR BOOTH _____

HOW DID YOU HEAR ABOUT OUR SHOW? OR WHO REFERRED YOU TO OUR SHOW?

BOOTH TYPES	#	FEE	TOTAL
APPROX. 12' X 8' DEEP SPACE INSIDE LARGE TENTS W/ ELECTRIC, AREAS A, B, C, D, E (INCLUDES TAX ON TENTS PREPAID BY VILLAGE ART CLUB)		\$150	
APPROX. 12' X 24" DEEP OUTSIDE SPACE W/ELECTRIC. AREA 100, 300, 700		\$150	
APPROX. 12' X 24' DEEP OUTSIDE SPACE (No ELECTRIC) AREA 100, 300, 400		\$130	
24' X 12' DEEP PREMIUM OUTSIDE SPACE IN AREA 200, 500 (NO ELECTRIC)		\$170	

TOTAL PAYMENT \$

IF YOU WISH TO PAY BY VISA, MC OR DISCOVER, PLEASE COMPLETE ALL THE FOLLOWING INFORMATION:

NAME ON CREDIT CARD:

BILLING ADDRESS, IF DIFFERENT THAN ABOVE:

CREDIT CARD #: _____ - _____ - _____ - _____

EXPIRATION DATE:

CVV CODE FROM BACK OF CARD:

NAMES OF OTHERS IN YOUR BOOTH: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

FOR OFFICE USE ONLY: NEW EXHIBITOR _____ DATE JURIED _____ ACCEPT SENT _____ DATABASE _____

AMOUNT RECEIVED \$ _____ CASH _____ CHECK # _____ CHARGE _____ RECEIVED BY _____

DATE _____

Please complete second page.

YOUR WEB SITE: _____

ARKANSAS SALES TAX PERMIT # (if you have one): _____

HOME TOWN NEWSPAPER: _____

FULL ADDRESS _____

I AGREE THAT THE FESTIVAL MAY SUBMIT A RELEASE OF MY PARTICIPATION TO MY NEWSPAPER _____ (INITIALS)

I have read the ***Festival Policies for Exhibitors*** and agree to abide by them. I understand that my entry fee will be refunded if I am not accepted or if there is no space available & the Festival reserves the right to deny space or a refund to any exhibitor who is in violation of any policy.

EXHIBITOR NAME PRINTED _____

EXHIBITOR SIGNATURE _____ DATE _____

PLEASE PRINT APPLICATION – SAVE A COPY FOR YOURSELF – AND SEND WITH 3 GOOD PICTURES OF YOUR WORK, AND 1 PICTURE OF YOUR DISPLAY. PLEASE WRITE A SHORT STATEMENT BELOW ABOUT YOURSELF AND YOUR WORK THAT MAY BE USED FOR PUBLICITY.

COST OF ITEMS YOU WISH TO DISPLAY: _____

ARTIST'S STATEMENT: