



**For Festival Use Only**

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Check No: \_\_\_\_\_

No of Spaces: \_\_\_\_\_

Power Needed: \_\_\_\_\_

Acknowledgement: \_\_\_\_\_

## PARTICIPANT REGISTRATION 2019

BUSINESS NAME: \_\_\_\_\_

TYPE OF PARTICIPANT: (CIRCLE ONE)      RESCUE/SHELTER      OTHER NON-PROFIT

FOOD VENDOR      VENDOR      DEMONSTRATIONS      EXHIBITOR (NO SALES)

CONTACT NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

***Note - Food vendors MUST complete the appropriate forms provided by the Worth County Department of Health. Contact the office at 229.777.2150***

**SUBMISSION CHECKLIST: PLEASE INCLUDE**

- CHECK OR MONEY ORDER PAYABLE TO BFHS / BIP
- IF APPLYING AFTER AUGUST 15, 2019, INCLUDE A \$25 LATE FEE
- LIST OF ITEMS FOR SALE (OR MENU), OR PHOTO OF BOOTH DISPLAY
- COMPLETED REGISTRATION & SIGNED RELEASE

|   |   |                   |
|---|---|-------------------|
| RESCUE GROUPS (NO FEE)                                  | PLEASE INCLUDE A SHELTER/RESCUE REGISTRATION WITH YOUR SUBMITTAL TO ENABLE US TO PROVIDE THE BEST ACCOMMODATION FOR YOUR ORGANIZATION |                   |
| NON-PROFIT VENDOR (INFORMATION ONLY/NO FEE):            | NUMBER OF SPACES _____  |                   |
| NON-PROFIT VENDOR (\$45 FEE)                            | NUMBER OF SPACES _____  | X \$45 = \$ _____ |
| VENDORS (\$60 FEE)                                      | NUMBER OF SPACES _____  | X \$60 = \$ _____ |
| VENDORS (W/POWER-\$75 FEE)                              | NUMBER OF SPACES _____  | X \$75 = \$ _____ |
| FOOD VENDOR (\$75 FEE)                                  | NUMBER OF SPACES _____  | X \$75 = \$ _____ |
| FOOD VENDOR (W/POWER-\$85 FEE)                          | NUMBER OF SPACES _____  | X \$85 = \$ _____ |
| LATE FEE (\$25)<br>(IF SUBMITTED AFTER AUGUST 15, 2017) |   | \$25 = \$ _____   |
| <b>TOTAL ENCLOSED \$</b>                                |   | _____             |



**PARTICIPANT INFORMATION**

WHEN: SEPTEMBER 28, 2019, FROM 9:00 TO 4:00 PM.

WHERE: JEFFORD'S PARK, US Hwy 82 and SR 33, SYLVESTER, GA 31791

**GENERAL INFORMATION:**

BARK IN THE PARK FESTIVAL IS A ONE DAY EVENT. ALL PARTICIPANTS MUST COMPLETE SET UP AND BE OPEN FOR BUSINESS BY 9:00 AM SATURDAY MORNING. VENDORS MAY CHECK IN AND SET UP FRIDAY BETWEEN NOON AND 9:00 PM; OR SATURDAY MORNING AFTER 6:30 AM.

PARTICIPANTS OF ALL CLASSIFICATIONS ARE WELCOME (FOOD, CHILDREN'S ACTIVITIES, ARTS & CRAFTS, PET THEMED MERCHANDISE, ETC)

BOOTH SPACE IS APPROXIMATELY 12'x12'.

TENTS MUST NOT INFRINGE UPON NEIGHBORING SPACES OR PUBLIC AREAS. PARTICIPANTS MAY NOT RELOCATE, OR MOVE FROM THEIR ASSIGNED SPACE WITHOUT CONSENT OF THE FESTIVAL STAFF.

TO PROTECT THE VENDORS MERCHANDISE AND THAT OF NEIGHBORING VENDORS, ALL TENTS MUST BE WEIGHTED DOWN.

THE EVENT WILL NOT BE CANCELLED OR RESCHEDULED DUE TO INCLEMENT WEATHER. EXHIBITORS ARE RESPONSIBLE FOR PROVIDING PROTECTIVE COVERING/EQUIPMENT FOR THEIR DISPLAY. THERE WILL BE NO REFUNDS.

TO ENSURE A VARIETY OF VENDOR SERVICES AND MERCHANDISE, PLEASE PROVIDE A DETAILED DESCRIPTION OF THE ITEMS AVAILABLE IN YOUR BOOTH, OR A MENU OF FOODSTUFFS OFFERED. VENDOR APPLICATIONS WILL BE REVIEWED ON A FIRST COME BASIS AND CONFIRMATION OF ACCEPTANCE SENT BY MAIL.

EVERY EFFORT WILL BE MADE TO ACCOMMODATE SPECIAL NEEDS IF ADVANCE NOTICE IS RECEIVED

SALES TAX IS APPLICABLE TO ANY ITEM SOLD AND THE VENDOR IS SOLELY RESPONSIBLE FOR COLLECTION AND PAYMENT OF THIS TAX.

Go to [www.bfhsbarkinthepark.com](http://www.bfhsbarkinthepark.com) for additional information.

*I, the undersigned, agree to the conditions furnished by the committee for the Bark in the Park Festival noted within this document. I acknowledge that by payment of the enclosed fee that the Best Friends Humane Society in Worth County and the City of Sylvester are released and held free from liability for any loss or damage to person, property, costs, expenses, loss of service, on account of, while engaged in or in any way growing out of the Bark in the Park Festival.*

*I further understand and agree to the posted hours for booth set up and operation. Failure to follow these rules may result in disqualification for the 20 festival.*

*I agree to this release.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_