

FESTIVALS & CRAFT SHOWS—DOWNTOWN COLDWATER, MI

Which festival are you applying for? (check one)

Strawberry Fest | June 22, 2019 | 9am—3pm

Apple Fest | September 21, 2019 | 9am—3pm

CORPORATE SPONSOR APPLICATION

Thank you for attending our festival, where you can showcase your product and promote your business!

Business Name: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Will you be using a tent/awning? Yes or No (Only 10 x 10 tents will be accepted)

Describe Booth/Product Featured:

Special Requests: _____

Sponsorship Fee: \$250.00 per 10x10 space (available to first 5 businesses)

Registration fees are non-refundable.

Rules & Regulations – Spaces are predetermined at 10' wide x 10' deep and are located on South Monroe Street in the Coldwater Downtown Business District. Set up time is 6:30 – 9:00 am. All vehicles must be moved by 9:00 am. Stakes are not permitted for tents or awnings. The City will attempt to accommodate all reasonable requests for specific vendor placements made prior to the registration deadlines. Vendors are responsible for any and all necessary licensing (if required) for their products offered. The festival is held rain or shine. No pets allowed. No parking on the sidewalks. Parking in front of the sidewalks is only allowed during set up and tear down times. Vendors may not begin to tear down until 3:00 pm and all booths must be tore down by 5:00 pm. Treat all City event staff and volunteers with respect. The City reserves the right to ask a vendor to remove themselves from the festival and/or not return to a Coldwater festival if these rules and regulations are not followed.

I have read and understand the rules & regulations: _____

(signature)

Mail completed registration form with check or credit card information payable to:

City of Coldwater, 1 Grand Street, Coldwater, MI 49036 ATTN: Recreation Department

Credit Card Payment Information:

Card type (check one): Visa Mastercard Discover Card Number: _____

Cardholder First & Last Name: _____ Exp. Date: ____/____

CVC 3-digit on back: _____ Cardholder Address: _____

Cardholder City: _____ Cardholder State/Province: _____

Cardholder Zip: _____ Cardholder Country: _____

Questions? Contact event coordinator Mariah Welke at 517.278.8566 or email mwelke@coldwater.org

For Office Use Only -----

Date Rec'vd: _____ Date Entered: _____ Booth Location: _____ Amount: _____

Payment Rec'vd: Cash: _____ Check #: _____ Credit Card Confirmed: _____