Purple Ridge Lavender Festival June 27th, 2015 Merchant Booth Application

Instructions: Please return this application and release form to **Agape House PO Box 1723 Hermiston**, **OR 97838** along with your CHECK made payable to: **Agape House** and **reference-***Purple Ridge* **Lavender Festival 2015.**

Submit your application and payment no later than June 19th, 2015 to reserve your assigned space.

Business Name:					
Contact Name:					
Address:					
City:	State:	Zip:			
Phone:	Cell:		_Facebook: [] Y	es or [] No	
Email:	Website	e:			
() Returning vendor () First time or direct sal List the type of product (s) &	les vendor fee	\$75 for one day	event, 9am-6:00	pm Sat. Jun	e 27 th
direct sales booths)					Food Vendor
Special Requests/needs:					Contact the Umatill County Health Dept. obtain your require licensing.
Will your product be prepared or Size of space request: [] 10'x10' Shade of any kind: white is preferences [] tocation: Purple Ridge Libert States [] 10'x10' Ending Libert States [] 10' Ending Libert Ending E	o' or [] 10'X20' red (pop up or oth	or []No If No, [][] nerwise)	Electricity Require	ed	Direct your inquiries to Melissa Ney (Environmental Healt Supervisor) 541-278-6394
Agreements & Understandings: All boo	th spaces must be	pre-paid in advance i	n order to reserve, an	nd to hold that spa	ace. Purple
Ridge Lavender assigns vendor space	s locations, but will	take into consideration	on your requests for s	pecific placement	twhenever
possible. Applications and payments r				•	•
<i>morning of June 27th 6:30am-8am</i> all ∨					
these hours or if you would like to visit					
down is scheduled for 6:00 pm June 27 made on the day of the event. Efforts					
control and safety measures. Vendors			•	•	
high winds and be capable of being tie					•
and at the end of the event. The vend					
agrees to protect and hold the "Agape	House", "Martha's I	House", and "Purple F	Ridge Lavender" harm	less from any cla	ims made for
whatever reason based on any activity	of the exhibitor, the	eir employees, agents	, or participants, or ot	hers associated	with their
event. The vendor shall have independ	dent insurance cove	ering its activities for t	his event. Contact D	ave Hughes at 54	41-571-7293 or
email: agapehousehermiston@gmail.c	com if you have que	estions or to refer a ve	endor.		
AGREED:					
Signature		Title		Dated	
Office use only					
DATE RECEIVED	BY:	PMT RECEIVED	\$OI	N B`	Y:
COPY TO SET UP COMMITTEE ON _	BY:	CONFIRM	MATION SENT ON _	VIA	BY:
Agape House PO Box 1723	Hermis	ston, OR 97838	Tel: 541-567-8774	Fax: 541-289-0	049

Email: agapehousehermiston@gmail.com Website: www.agapehousehermiston.org