



2016 Food Booth Registration

Business/Organization name: _____

contact person: _____

mailing address: _____

e-mail address: _____

phone number: _____ fax number: _____

WI Seller's Permit/Soc. Sec./Tax Exempt #: [per WI statute S.73.03(38)] _____

Menu item(s)* _____

* MFF will NOT limit the number of vendors of any specific food items. All vendors are welcome.

Non-commercial Organizations

Number of booths: _____ @ **\$130 each (if received by August 19)** = \$ _____
_____ @ **\$150 each (if received after August 19)** = \$ _____

Commercial Businesses

Number of booths: _____ @ **\$195 each (if postmarked by August 19)** = \$ _____
_____ @ **\$225 each (if postmarked after August 19)** = \$ _____

Options

Electrical power: **\$50** + \$ _____

6' x 30" table plus 2 chairs: (# of sets) __ X **\$20 each set** + \$ _____

Less \$25 per booth for Star Sponsors - \$ _____
Less \$50 per booth for Red Banner Sponsors

TOTAL AMOUNT ENCLOSED*** \$

***All booth reservations are subject to availability. Reservation checks will be refunded, minus a \$35 cancellation fee until September 4, 2015. No refunds will be made after that time.

Return this form with your check payable to: **McFarland Family Festival**
PO Box 110
McFarland, WI 53558-0110

This form is available at www.mcfarlandfamilyfestival.org/booths.htm

All forms are due by August 26th.

For Office Use Only:

Check # _____
Date Paid _____