



2017 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:

_____ @ **\$65 each (if received by August 18), with 2 volunteer shifts** = \$ _____

_____ @ **\$90 each (if received after August 18), with 2 volunteer shifts** = \$ _____

Commercial Businesses

Number of booths: _____ @ **\$150 each (if postmarked by August 18)** = \$ _____

_____ @ **\$175 each (if postmarked after August 18)** = \$ _____

Options

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

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

Less \$25 booth fee for Star Sponsors - \$ _____
Less \$50 booth fee 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 1, 2017. 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 25th.

phone: 608-843-1740 ★ e-mail: info@mcfarlandfamilyfestival.org

For Office Use Only:

Check # _____

Date Paid _____