



FOOD VENDOR APPLICATION

1ST ANNUAL TRYON ARTS AND CRAFTS FALL FESTIVAL

373 Harmon Field Road, Tryon, NC

Friday, Oct. 17 4-6pm Saturday, Oct 18 10am-8pm

Sunday, Oct. 19, Noon-5pm

Name of Vendor/Business: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (AM) _____ (PM) _____

Email: _____ Fax: _____

List items & proposed price to be sold: _____

Needed amenities: _____ Water _____ Electric _____ Other Needs _____

FEES:

Space rental (10' x 10') \$100 _____

TOTAL DUE: _____

I hereby agree to abide by the rules and regulations set forth by TAC, Inc. and any other regulations as may be established. I understand and agree that there will be no refunds and that decisions of TAC, Inc. are final. Further, I hereby release and forever discharge TAC, Inc. and their agents and representatives, from any responsibility, personal liability, loss claims, or damage arising out of or in conjunction with this festival.

Signature of Applicant

Date

Print Name: _____

Please make checks payable to: Tryon Arts and Crafts Fall Festival

**Mail to: Tryon Arts and Crafts, Attn: Fall Festival
373 Harmon Field Rd., Tryon, NC 28782**