



May 22nd, 2016
10:00 AM–6:00 PM

Lodi Grape Festival & Harvest Fairgrounds

Company/Vendor Name _____

Contact name _____ () _____
Phone

Address _____

City, State, Zip _____

Email address _____

PLEASE CHECK THE REQUESTED LOCATION FOR YOUR BOOTH

Food Court (Limited to 2 food items)
Food(s) to be sold a. _____ b. _____

Bambini (Games, Art, Crafts, Sports, Music geared toward children (Limited to 2 activities)
Specific Name of Activity(s) a. _____ b. _____

Culture Market (Limited to sale of 3 types items)
Item(s) to be sold/displayed: a. _____ b. _____ c. _____

Total Payment Enclosed \$ _____

Make Check payable to:

PAYMENT MUST BE RECEIVED WITH THIS APPLICATION

For Questions or clarifications, please call: 209.333.2727

FESTA ITALIANA
541 W TURNER RD, LODI CA 95240

By signing below the Vendor agrees to adhere to the Official Festival Terms and Conditions attached to this agreement. Every attempt will be made to prevent duplication of offerings at Event, including but not limited to, a request to revise offerings after application has been submitted. I will provide a certificate of insurance no later than April 1st, 2015.

Authorized Signature _____

Date _____

Print Name and Title _____

