S T MARY'S FEAST

JULY 15,THRU JULY 19, 2015

CONTRACT / AGREEMENT

BUSINESS NAME : _____CONTACT PERSON :_____

ADDRESS : _____ CITY : _____ST :_____ZIP :_____

PHONE :_____ FAX : _____ E-MAIL :_____

List of items you will be selling : _____

UPON SIGNING OF THIS AGREEMENT THERE WILL BE NO CHANGES OR AD ONS

BOOTH SIZE :	ENTRY FEE FOOD :	ENTRY FEE NON/FOOD :	LOCATION :
10X10 _____	$ 900.00	$ 400.00	_____
10X20 _____	$1, 800.00	$ 800.00	_____

TOTAL COST ELECTRIC : NO CHARGE

TOTAL COST BOOTH SPACE : $ _____

OTHER COSTS : $ _____

TOTAL ALL COSTS : $ _____

DATE :_____DEPOSIT : $_____ CHECK :_____BALANCE :$_____

BALANCE PAID AMOUNT : $_____DATE PAID :_____

CHECKS PAYABLE TO : FESTIVALS of AMERICA
MAIL TO : PO BOX # 8494
CRANSTON, RI 02920

AGENT SIGNATURE :_____PRINT :_____

CUSTOMER SIGNATURE :_____

PRINT NAME :_____DATE :_____