

**BOOTH WESTERN ART MUSEUM**  
**8TH ANNUAL SOUTHEASTERN COWBOY FESTIVAL & SYMPOSIUM**  
*Cartersville, Georgia*  
*October 21-24, 2010*

**FOOD VENDOR APPLICATION**

*Please print and fill the application out completely and mail to the address below. Please include your check for all fees.*

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website link: \_\_\_\_\_

2. List all the items that you wish to demonstrate and to sell (please use additional paper if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you plan to arrive and set-up? : \_\_Friday Morning, \_\_Friday Afternoon, OR  
\_\_Saturday Morning

4. \_\_\_\_\_Single Booth Space (12' X 12') \$50.00

\_\_\_\_\_Double Booth Space (24' X 12') \$100.00

5. Do you require electricity? \_\_\_\_\_  
(Additional charge of \$25.00 applies if YES): Reason for electricity: \_\_\_\_\_  
\_\_\_\_\_

6. Please make checks payable to "**BOOTH WESTERN ART MUSEUM**" and return with application to:

Ken Wade, Event Coordinator  
Booth Western Art Museum  
P.O. Box 3070  
Cartersville, GA 30120  
Telephone (770) 387-1300 ext 235

(See other side)

I have read and fully understand all the details as set forth and agree to abide by all exhibit rules and regulations that are part of this contract. I hereby agree to indemnify and save harmless the Booth Western Art Museum from and against all claims, damages, actions, judgments, decrees, penalties, and/or liability and expenses in connection with loss of life, bodily and/or personal injury, and/or damaged property arising out of or from the use and occupancy by the exhibitor of the premises or any part thereof. The exhibitor also agrees to hold the Booth Western Art Museum harmless and not responsible whatsoever for loss, theft, burglary, robbery and damage to property of any kind, including equipment, supplies, prizes, merchandise, exhibits, etc. of the exhibitor or any of its agent, invitees, etc.

*\*Event organizers reserve the right to make any changes without notice.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**I will be needing \_\_\_\_\_ Vendor Badges.**

Date received by Event Coordinator: \_\_\_\_\_

For further information, please visit our website at [www.boothmuseum.org](http://www.boothmuseum.org) or contact Liz Gentry (770) 387-1300 ext 235 or [lizg@boothmuseum.org](mailto:lizg@boothmuseum.org)