



**SMYRNA SPRING JONQUIL FESTIVAL
 APRIL 24 & 24, 2010
 SMYRNA, GEORGIA
ARTS & CRAFTS APPLICATION**

**APPLICATION DEADLINE
 AND FEE**

THE DEADLINE FOR THIS SHOW IS **MARCH 15, 2010**. IF YOU APPLY FOR THIS SHOW AFTER THE ABOVE DEADLINE YOU MUST INCLUDE AN ADDITIONAL \$25 LATE FEE.

1. NAME _____ PHONE () _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
E-MAIL ADDRESS: _____

2. DESCRIBE & LIST ALL TYPES OF ITEMS YOU SELL: _____

3. LIST THREE (3) PREVIOUS SHOWS YOU HAVE PARTICIPATED IN AS A DEALER.

4. DO YOU PLAN TO ARRIVE AND SET UP: _____ FRIDAY AFTERNOON
 OR
 _____ SATURDAY MORNING

5. _____ SINGLE BOOTH SPACE (12' x 12') \$ 100.00
 OR
 _____ DOUBLE BOOTH SPACE (24' x 12') \$ 200.00

6. **APPLICATION MUST BE ACCOMPANIED BY FIVE (5) PHOTOGRAPHS OF YOUR CRAFTS, WITH ONE BEING OF YOUR DISPLAY/SET-UP. PHOTOS ARE NOT REQUIRED IF YOU HAVE PARTICIPATED IN A 2009 JRM SHOW.**

7. MAKE CHECK PAYABLE TO "JRM MANAGEMENT SERVICES" AND RETURN ALONG WITH APPLICATION TO:
 TOD MILLER, MANAGER
 SMYRNA SPRING JONQUIL FESTIVAL
 P O BOX 777
 KENNESAW, GA 30156
 TELEPHONE: (770) 423-1330

If you are interested in paying via credit card, please fill-out the information below. Signing this contract will authorize JRM Management to charge the amount specified above for exhibit space, if you are accepted to the show. If you are not accepted, you will not be charged and your application will be returned.

Circle One:	_____ Visa _____	_____ Master Card _____
Credit Card Number _____	Billing Zip Code _____	
Expiration Date _____	3-digit security code (back of card) _____	

I have read and fully understand all the details as set forth and agree to abide by all exhibit rules and regulations, which are part of this contract. I hereby agree to indemnify and hold harmless the City of Smyrna, JRM Management, all organizations and persons sponsoring, managing or in any other way participating in the 2010 Spring Jonquil Festival, from any loss, claim, penalty or lawsuit in any way arising from my operation or involvement in the festival.

SIGNED: _____ DATE _____

Office Use Only:

DATE RECEIVED: _____ AMOUNT: _____ CHECK # _____

CONFIRMATION SENT: _____ SPACE # _____