



**TASTE OF JOHNS CREEK
ARTS & CRAFTS
AUGUST 19, 2017
4:00 p.m. - 9:00 p.m.
VENDOR APPLICATION**

**Application
Deadline & Fee**
THE DEADLINE FOR THIS SHOW IS **JULY 15, 2017**. AFTER THE DEADLINE AN ADDITIONAL **\$25.00** LATE FEE WILL APPLY.

1. Name _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ E-mail: _____

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

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

4. _____ SINGLE (12'X12') \$75.00 OR _____ DOUBLE (24'X12') \$150.00 (Space Only)

5. 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 2015 JRM SHOW (**List 2016 show(s):** _____)

6. MAKE CHECK PAYABLE TO “**JRM MANAGEMENT SERVICES**” RETURN ALONG WITH APPLICATION TO: TOD MILLER

TASTE OF JOHNS ARTS & CRAFTS APPLICATION

P.O. BOX 777

KENNESAW, GA 30156

TELEPHONE (770) 423-1330

If you are interested in paying via credit card, fill-out the Credit Card Authorization (CCA) information below.

Circle one:	VISA	MASTERCARD	AMEX
Credit Card Number:	_____		Billing Zip: _____
Exp Date:	_____	3-digit security code on back (4 - digit front for AMEX): _____	Amt: _____
I _____ (print name of card holder) hereby represent that I have the authority to execute the credit card authorization and agree that this authorization will be effective for the amount (above) and on the date signed (below). I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original, and this Credit Card Authorization (CCA) cannot be revoked.			
Cardholder's Signature:	_____		Date: _____

Signing this contract will authorize JRM Management to charge the amount specified in the CCA, if your application is accepted. If you are **not** accepted, you will **not** be charged and your application will be returned. **No refunds will be given for cancellation of the event due to inclement weather or circumstances beyond our control.** 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 Chattahoochee High School, Chattahoochee High School Football Boosters, Fulton County Board of Education and JRM Management Services, Inc, all organizations and persons sponsoring, managing or in any other way participating in the 2017 Taste of Johns Creek, from any loss, claim, penalty or lawsuit in any way arising from my operation or involvement in the festival. **APPLICATION MUST BE SIGNED.**

SIGNED: _____ **DATE** _____

Office use only:

DATE RECEIVED: _____ AMT: _____ RECEIPT # _____ SPACE # _____