

TASTE OF KENNESAW Georgia Grown Members Only November 2, 2024 Georgia Grown Member Application



1. Name				¥
Address	City	State	Zip	
Phone Number	E-mail:			
2. DESCRIBE & LIST ALL TYPES (OF ITEMS YOU SELL:			
3. SET-UP IS SATURDAY ONLY				

4. ____SINGLE (10'X10') \$50.00 - Space Only (discounted from \$150.00)

5. THIS EVENT IS JURIED - APPLICATION MUST BE ACCOMPANIED BY FIVE (5) PHOTOGRAPHS. FOUR OF YOUR PRODUCT, ONE OF YOUR DISPLAY/SET-UP - TENTS ARE REQUIRED. YOU WILL BE NOTIFIED OF ACCEPTANCE. WE WILL NOT PROCESS YOUR PAYMENT UNLESS YOU HAVE BEEN ACCEPTED. PHOTOS ARE <u>NOT REQUIRED</u> IF YOU HAVE PARTICIPATED IN A JRM SHOW (List 2022/2023 show(s): _______)

6. MAKE CHECK PAYABLE TO "**JRM MANAGEMENT SERVICES**" & RETURN WITH APPLICATION TO: TOD MILLER, MANAGER

TASTE OF KENNESAW P.O. BOX 777 KENNESAW, GA 30156 TELEPHONE (770) 423-1330 **NO REFUNDS OR CHANGES ONCE PAYMENT IS MADE**

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:		
(above) and on the my signature on the	t card authorization and date signed (below).	_(print name of card holder) hereby r d agree that this authorizatio I understand and consent to ptocopy or fax of this agreem t be revoked.	n will be effective for the use of my credit	r the amount card without	
Cardholder's Signatu	ıre:		_ Date:		
accepted, you will not be charged ent weather or circumstances I rules and regulations, which are Kennesaw Business Association	d and your application will be beyond our control . I have part of this contract. I here , JRM Management, Georgi OF KENNESAW FESTIVAL	rge the amount specified in the CC e returned. No refunds will be giv read and fully understand all the de by agree to indemnify and hold ham a Grown, all organizations and per , from any loss, claim, penalty or la	en for cancellation of the etails as set forth and agree mless the City of Kennes rsons sponsoring, manag	ee to abide by all exhib saw, Superior Plumbing ing or in any other wa	
SIGNED:		DATE		_	
DATTE RECEIVED:	AMT [.]	RECEIPT #	SPACE #		