MAY-RETTA DAZE FESTIVAL ARTS & CRAFT SHOW May 3 & 4, 2025 **ONLINE ARTS & CRAFTS APPLICATION**



1. Name			_	
Address	City	State	Zip	
Phone Number	E-mail:			_
2. DESCRIBE & LIST ALL TYPES OF	F ITEMS YOU SELL:			_
3. LIST THREE (3) PREVIOUS SHO	WS YOU HAVE PARTI	CIPATED IN AS /	A DEALER	_
4SINGLE (10'X10') \$125.	00 orDOUBL	E (24'X12') \$250.	00 (Space Only	y)
5. APPLICATION MUST BE ACCOM ONE BEING OF YOUR DISPLAY/SE PARTICIPATED IN A JRM SHOW (L	T-UP. PHOTOS ARE <u>N</u>	IOT REQUIRED	IF YOU HAVE	
	TA DAZE 777 AW, GA 30156 anagement Office: (770 ard, fill-out the Credit Card	Authorization (CC		
Circle one: VISA		CARD		
Credit Card Number:				
Exp Date: 3-digit securit I to execute the credit card authoriza (above) and on the date signed (be my signature on the charge slip, the this Credit Card Authorization (CCA)	(print name of card hole (print name of card hole (print name of card hole (print hole (print hole (print hole (print hole (print hole (print hole (print name of (print name) (print name of (print name) (print name) (prin name) (print name) (prin name) (print name) (print name	der) hereby represe authorization will b consent to the use this agreement wil	nt that I have the e effective for th e of my credit ca I serve as an ori	e authority ne amount ard without iginal, and
Cardholder's Signature:		Da	te:	
Signing this contract will authorize JRM Managen accepted, you will not be charged and your appli clement weather or circumstances beyond our exhibit rules and regulations, which are part of thi ment, all organizations and persons sponsoring, r loss, claim, penalty or lawsuit in any way arising fr	cation will be returned. No re control . I have read and fully is contract. I herby agree to in managing or in any other way	funds will be given for understand all the deta demnify and hold harm participating in the 202	or cancellation of t ails as set forth and aless the City of Mar 5 MAY-RETTA DAZ	he event due to in agree to abide by al rietta, JRM Manage E Festival, from any

SIGNED: ______DATE _____

DATE-RECEIVED: ______AMT: ______RECEIPT #_____SPACE # _____