

TASTE OF ACWORTH
Georgia Grown Members Only
October 11, 2025



Georgia Grown Member Application

1. Name _____ GG# _____
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 NOT REQUIRED IF YOU HAVE PARTICIPATED IN A JRM SHOW
(List 2023/2024 show(s): _____)

6. MAKE CHECK PAYABLE TO “**JRM MANAGEMENT SERVICES**” & RETURN WITH APPLICATION TO:
TOD MILLER, MANAGER/TASTE OF ACWORTH
P.O. BOX 777
KENNESAW, GA 30156 TELEPHONE (770) 423-1330

****SPOTS ARE LIMITED: IF YOU SIGN UP FOR A SHOW AND FAIL TO ATTEND 2 OR MORE TIMES, YOU WILL BE REMOVED FROM OUR VENDOR LIST. NO REFUNDS OR SHOW TRANSFERS**

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 or 4-digit security code: _____	Amt (booth + 3.5%): _____
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 City of Acworth, Superior Plumbing, Acworth Business Association, JRM Management, Georgia Grown all organizations and persons sponsoring, managing or in any other way participating in the 2025 TASTE OF ACWORTH FESTIVAL, 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 # _____