



# 2025 GEORGIA FOOD + WINE FESTIVAL GEORGIA GROWN MEMBER APPLICATION



**MARCH 21-23, 2025**

**\*FRIDAY PARTICIPATION IS OPTIONAL\***

**\*\*Georgia Grown Members Only\*\***

1. Name \_\_\_\_\_ GG# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

4. APPLICATION MUST BE ACCOMPANIED BY FIVE (5) PHOTOGRAPHS OF YOUR ITEMS

5. **BOOTH FEE IS \$50 (DISCOUNTED FROM \$300) FOR BOTH DAYS & INCLUDES A 10X10 COVERED SPACE & TABLE. YOU MAY PARTICIPATE IN FRIDAY EVENING'S EVENT AT NO ADDITIONAL CHARGE, BUT IT IS NOT MANDATORY.**

\*\*PLEASE SELECT ONE: \_\_\_\_\_ 3 DAYS FRIDAY-SUNDAY ~ SET UP FRIDAY AFTERNOON  
\_\_\_\_\_ 2 DAYS SATURDAY & SUNDAY ~ SET UP SATURDAY MORNING

6. MAKE CHECK PAYABLE TO **GEORGIA FOOD + WINE FESTIVAL** & RETURN W/APPLICATION TO:  
GEORGIA FOOD + WINE FESTIVAL  
P.O. BOX 777  
KENNESAW, GA 30156 ph. 770-423-1330

**If you are interested in paying via credit card, fill-out the Credit Card Authorization (CCA) information below.**  
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 Georgia Food + Wine Festival, Jim R. Miller Park, JRM Management, Georgia Grown all organizations and persons sponsoring, managing or in any other way participating in the 2025 Georgia Food + Wine Festival, from any loss, claim, penalty or lawsuit in any way arising from my operation or involvement in the festival. **APPLICATION MUST BE SIGNED.**

**\*\*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**

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: _____

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Office use only:

DATE RECEIVED: \_\_\_\_\_ AMT: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ SPACE # \_\_\_\_\_