2027 GEORGIA FOOD + WINE FESTIVAL
APRIL 4, 2027
SUNDAY PARTICIPATION ONLY
GEORGIA GROWN MEMBER APPLICATION

1. Name _____

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/DISPLAY
5. BOOTH FEE IS $25 FOR SUNDAY ONLY AND INCLUDES A 10X10 COVERED SPACE
6. MAKE CHECK PAYABLE TO **GEORGIA FOOD + WINE FESTIVAL** & RETURN W/APPLICATION TO:

GEORGIA FOOD + WINE FESTIVAL
P.O. BOX 777
KENNESAW, GA 30156
TELEPHONE (770) 423-1330

7. **Georgia Grown Member #** _____

If you are interested in paying via credit card, please 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 2027 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.**

***PLEASE NOTE: A 3.5% CONVENIENCE FEE WILL BE CHARGED FOR ALL CREDIT CARD TRANSACTIONS

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: _____

SIGNED: _____ **DATE** _____

Office use only

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