POKE SALAD ASSOCIATION
C/O NEIL KALBERG
8224 CHICKAMAUGA TRAIL
SHREVEPORT, LA 71107

DEAR CRAFT VENDOR:

THE ANNUAL POKE SALAD FESTIVAL WILL BE HELD **SATURDAY, MAY 20TH, 2023 ON THE POKE SALAD FESTIVAL GROUNDS IN BLANCHARD, LA., YOU'RE INVITED TO HELP US MAKE IT ANOTHER SUCCESSFUL FESTIVAL.**

IF YOU ARE INTERESTED IN RESERVING A BOOTH, PLEASE COMPLETE AND RETURN THE ENCLOSED APPICATION BY **MAY 19TH, 2023.**

1. BOOTH RENTAL IS $25.OO FOR SATURDAY MAY 20TH, 2023. CRAFT VENDORS CANNOT DISPENSE FOOD OR BEVERAGE OF ANY TYPE.

2. BOOTH SPACES ARE ASSIGNED AS APPLICATIONS ARE RECEIVED. THIS IS DETERMINED BY THE POSTMARK ON YOUR ENVELOPE.

3. MONEY MUST BE REMITTED WITH APPLICATION, <u>NO EXCEPTIONS.</u>

4. NO REFUNDS FOR CANCELLATION OR BAD WEATHER.

5. VENDORS ARE RESPONSIBLE FOR THEIR CHAIRS, TABLES, AND OTHER DISPLAY MATERIALS. BOOTH SPACES ARE 15 FT. X 10 FT. DEEP.

6. LIMITED ELECTRICITY IS AVAILABLE FOR $15.OO. VENDORS ARE RESPONSIBLE FOR EXTENSION CORDS AND FANS.

7. SET UP TIME IS **SATURDAY, MAY 20TH, 7:00 TO 9:00 A.M...** YOU MUST BE SET UP AND ALL VEHICLES OFF OF THE FESTIVAL GROUNDS BY 9:00 A.M., **<u>NO EXCEPTIONS</u>**.

8. TAX BOOKLETS WILL BE AT THE GATE WHEN ARRIVING, THIS IS THE VENDOR'S RESPONSIBILITY.

9. THERE WILL BE A STREET DANCE SATURDAY NIGHT AND WE ASK THAT YOU EXIT YOUR SPACES BY 6:00 P.M.

10. FOR INFORMATION CONCERNING YOUR APPLICATION, BOOTH SET UP OR IF YOU JUST WANT TO TALK, CONTACT:
    NEIL KALBERG-CELL (318) 560-8718

POKE SALAD ASSOCIATION
C/O NEIL B. KALBERG
8224 Chickamauga Trail
Shreveport, LA 71107

VENDOR RESERVATION FORM

MAY 20TH, 2023

MAKE CHECKS PAYABLE TO POKE SALAD ASSOCIATION AND MAIL TO THE ABOVE ADDRESS.

NAME_____

MAILING ADDRESS_____

CITY_____STATE_____ZIP_____

HOME PHONE_____WORK PHONE_____

DESCRIPTION OF ITEMS TO BE SOLD. (BE SPECIFIC) _____

_____

_____

BOOTH RENTALS: **CRAFT - $25.00**   NUMBER OF BOOTHS _____

ELECTRICITY? ($15.00) _____ CRAFT VENDOR   (LIMITED AVAILABILITY FOR CRAFT VENDORS)

LIABILITY RELEASE
I (WE) WILL NOT HOLD THE POKE SALAD ASSOCIATION OR THE TOWN OF BLANCHARD LIABLE FOR ANY MAL
OCCURRENCE.
NAME_____DATE_____

SIGNATURE_____