



June 7-10, 2018 Registration

Make checks payable to: **Sparta Festivals, Inc.**
 Mail to: **Sparta Festivals, Inc. PO Box 89, Sparta, WI 54656**

Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip code _____

Phone (with area code) _____ Email Address _____

BOOTH INFORMATION & SIZE (enter quantity next to size needed)

<u>BOOTH SIZE</u>	<u>Before Mar 31st</u>	<u>After Apr 1st</u>	<u>BOOTH SIZE</u>	<u>Before Mar 31st</u>	<u>After Apr 1st</u>
____ 10' deep x 10' across	\$45	\$50	____ 20' deep x 10' across	\$90	\$100
____ 10' deep x 20' across	\$90	\$100	____ 20' deep x 20' across	\$180	\$200

____ Arts & Crafts with a canopy and NO vehicle

____ Flea Market with a canopy and NO vehicle

____ Arts & Crafts with a canopy and a vehicle with permit

____ Flea Market with a canopy and a vehicle with permit

Amount for booth space (see above) \$ _____

Electricity for \$30.00 (if yes, add \$30.00 on this line) \$ _____

Total amount of my check is (add footage & electricity) \$ _____

PLEASE CHECK AS APPROPRIATE:

____ I will be setting up on Thurs & open for business at 5:00PM

____ I will set up on Friday.

Booth assignments/assigning booths are a very difficult task, especially outside when working with various vehicle lengths, aisles, trees, etc. We will try to do our best. If you would like your approximate same space back, please try to tell us a general location, row, etc. _____

Circle One: **ARTS & CRAFTS** **COLLECTIBLES** **NEW/RETAIL** **FLEA MARKET**

Description of Merchandise I sell: _____

Type of vehicle: **RV** **VAN** **OTHER** **CANOPY ONLY** License# _____ State _____

The undersigned agrees to hold harmless the Sparta Festivals, Inc. (Butterfest event), the City of Sparta, and any of the volunteers, coordinators and employees of these groups for any loss to his/her/their booth area and/or its contents and further agrees to not hold liable any of the aforementioned in the event of an accident, loss, damages, or unforeseeable event/activity of any kind. **The undersigned further agrees to be responsible for his/her/their own insurance.**

Signature(s) (Must be signed to be valid) _____ Date _____

Seller Permit Number _____ State _____