

# Taylorsville Apple Festival

## Flea Market

### Saturday, October 17, 2009

Application Form Please Return

Business/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of Display: \_\_\_\_\_

I have read the rules and regulations and I agree: \_\_\_\_\_

Signature (please sign)

**PLEASE MAIL COMPLETED APPLICATION AND REGISTRATION FEES TO:**

Taylorsville Apple Festival Inc.  
PO Box 87  
Taylorsville, NC 28681

Make checks payable to:  
Taylorsville Apple Festival Inc.

The above organization will not be responsible for insure, loss, or damage to personal property.

Registration Fee ( <b>if received by 10/2/09</b> )	_____ Booths	x	\$85	_____
2 <sup>nd</sup> or 3 <sup>rd</sup> spot fee: (fee for each spot)	_____ Booths	x	\$65	_____
Late fee: ( <b>additional after 10/2/09</b> )			\$15	_____

Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ Money Order in the amount of \$ \_\_\_\_\_

**ALL SPACES ARE ON FIRST COME FIRST SERVE BASIS ANYTHING**

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Check: \_\_\_\_\_ Money Order: \_\_\_\_\_

Booth #: \_\_\_\_\_