



CORPORATE SPONSOR APPLICATION FOR BOOTH ON GROUNDS

Festival Dates September 26th & 27th, 2020

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NO(S): _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

Describe here the type of display and size of space desired: You will need to supply us with a photo image of what your booth will look like after set-up.

- Tent/Canopy size area needed: (i.e., 10x10; 10x15; 10x20, etc) _____
- Will you be using a hard type set-up, i.e., trailer? (include space needed for trailer tongues, door openings and location of doors) _____ YES _____ NO
- If YES supply EXACT measurement dimension width and lengths, including trailer tongues. Provide details if there is a need for doors to open, if you will need extra space to park trailer/display booths. Provide weight of equipment being setup (this is needed so that we can determine if you will be able to set up on pavement or grassy area): _____
- Will you need electric?: _____ YES _____ NO What type: _____ 20 amp _____ 30 amp

*Contact us for a quote at 585-749-2248 to discuss pricing.
Full payment is required with application.*

NOTE: As a Corporate Sponsor you **MAY NOT SELL** items directly from your booth. You **MAY ONLY** take orders for materials being represented, pass out literature to solicit customers and display your products.

As an exhibitor, I agree to the conditions and requirements of this show. I agree that the Naples Rotary Club, Naples Historical Society or the Naples Grape Festival Committee will not be held responsible for any theft, loss of property, or personal injury suffered during or as a result of your participation in the Naples Grape Festival.

Signature _____

Date _____

MAIL APPLICATION and INFO TO:
Naples Grape Festival -- P.O. Box 70 -- Naples, New York 14512

SPONSOR CHARGE PAYMENT FORM

NAPLES GRAPE FESTIVAL CREDIT CARD CHARGE FORM

ALL INFORMATION MUST BE FILLED IN

PLEASE WRITE CLEARLY & ACCURATELY AND RETURNED WITH APPLICATION

Company Business Name: _____

Name As It Appears On Card: _____

Credit Card Billing Address: _____

(Street Address)

(City, State, Zip Code)

Telephone No. of Card Holder: _____

Credit Card Account No.: _____

Expiration Date: _____

CVV Code (On Back of card): _____

\$ Amount to Charge Credit Card: _____

Email Address to mail receipt to: _____

Name of individual authorized to give charge info: _____

Phone No. of individual to contact with questions regarding charge: _____

Signature of individual authorized to represent charge: _____

Mail This Information & Application To: Naples Grape Festival

P.O. Box 70

Naples, New York 14512

Or E-Mail Completed Form(s) To: naplesgrapefest@gmail.com