



CORPORATE SPONSOR APPLICATION

**NAPLES GRAPE FESTIVAL
September 23rd & 24th, 2023**

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NO(S): _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

**To setup booth on festival grounds contact us for a quote at 585-749-2248 to discuss pricing and needs.
Full payment is required with application by check or charge card
Emailed Image of your booth as it will appear during the festival is required**

- As a Corporate Sponsor you **MAY NOT SELL** items directly from your booth
- You **MAY ONLY** take orders for materials being represented. You are to use your area as a marketing tool via displaying and/or demonstrating your product offerings, passing out literature, gather mailing list information, obtain personal contact information from potential customers with their consent.

As a Corporate Sponsor, I agree to the conditions and requirements of this show. I agree that the Naples Grape and Arts Festival LLC, Naples Rotary Club, Naples Historical Society Naples Central School District, and all associated personnel and volunteers 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.

Upon Grape Festival receiving your 2023 Application and payment an emailed receipt of Acceptance, Wait List or Decline will be issued. I acknowledge awareness that ALL BOOTH FEES ARE NON-REFUNDABLE UNDER ANY CIRCUMSTANCES WITHOUT EXPRESS DECISION OF THE FESTIVAL DIRECTOR OF OPERATIONS or LLC PRESIDENT.

Signature _____ Date _____

Make checks payable to **Naples Grape Festival**
Mail To: **Naples Grape Festival, P.O. Box 70, Naples, N.Y. 14512**

**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