

Apple Blossom Participating Event Application

Contact Name _____

Address _____

City _____ ST _____ Zip _____

Phone # _____ Fax # _____ Email _____

REQUEST PERMISSION TO HOLD:

Event Name _____

Facility _____ Event Address _____

Event Date(s): _____ Time(s) of Event: _____

Hosted by _____

Ticket Information _____

Included in this Event will be:

Alcohol	Yes _____ No _____	Merchandise/Food Sales	Yes _____ No _____
Food Preparation	Yes _____ No _____	Entertainment	Yes _____ No _____

PROGRAM NARRATIVE: This will be printed in the Souvenir Program and on the Festival website promoting your event, you may attach on a separate sheet of paper. **(Returning events: You may just update your dates if you want everything to stay the same) . You may also e-mail this to jenniferd@appleblossom.org**

Event listing fee:

Program Listing	\$ 50.00 (Required of all)
Selling Tickets (add an additional \$25 per day)	\$ _____
Free Event	\$ N/A
TOTAL DUE	\$ _____

I have read the Apple Blossom Participating Event Information and Criteria, and agree to comply:

Signature _____ Date _____

****RETURN WITH PAYMENT ON OR BEFORE December 18, 2009****

2 South Chelan Ave. * PO Box 2836 * Wenatchee, WA 98807
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