



**“Taste Fair & Craft Extravaganza Event”**  
**Saturday September 24<sup>th</sup> 8:00 a.m. – 4:00 p.m.**  
*Presented by the Family Resource Clinic*  
 225.686.1123



## BOOTH RENTAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address/City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Description of Merchandise: \_\_\_\_\_  
 \_\_\_\_\_

**Booth Rental Rates:** Pavilion and Tent space available. Pavilion space is approximate.  
 \_\_\_\_\_ 1- Approx. 10 x 10 Booth under pavilion \$55.00 (\$60.00 if not received on or before 9/1/2011)  
 \_\_\_\_\_ Two-10 x 10 Booths under pavilion \$100.00 (\$105.00 if not received on or before 9/1/2011)  
 \_\_\_\_\_ One Tent space \$50.00 (55.00 if application is not received on or before 9/1/2011)  
**\*\*You Must provide your own tent\*\***

\*\*\*Booths are Non-Transferable and Non-Refundable  
 \*\*\*No Drink or Food Sales (jellies, mixes OK, if questionable please call for approval)  
 \*\*\*No alcohol to be sold or consumed

<b>MAKE CHECKS PAYBLE TO:</b>	<b>Family Resource Clinic</b>
<b>REMIT CHECK AND APPLICATION TO:</b>	<b>P.O. Box 1240</b>
	<b>Walker, LA 70785</b>

If you should have any questions, please contact Ava at [avaatFRC@AOL.com](mailto:avaatFRC@AOL.com). or 225 686-1123

**Waiver of Liability**

I/We, the undersigned, hereby acknowledge that neither the Family Resource Clinic, its staff, board of directors, volunteers or any other persons connected with this event, will be held responsible for any loss or damage to my work or property or for any injuries to myself or any assigned operator of my booth(s) during the course of this event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print: \_\_\_\_\_  
 Amount Remitted: \_\_\_\_\_