



Valley of Flowers Festival Applications
Craft Application

Friday, Noon – 9:00 p.m. & Saturday, 9:00 a.m. – 6:00 p.m.
James J. Eagan Center at Parker and Waterford

Application Deadline – first Friday in April

By submitting this form, I agree to comply with the following rules. Applicants will:

1. Set up between 8:00 and 11:00 a.m. with their own extension cords, display unit, chairs, and tables. Tables must be draped. Limit of two (2) tables per space. (Tables may be rented from the Valley of Flowers Festival for \$10.00 per table.) NOTE: The Festival will provide power (specify below).
2. Keep booth open until closing times and always staff the display space.
3. Clean the display space at the close of the show and remove all trash.
4. Hold harmless Sponsoring Organization and the City of Florissant for any loss or damage to person or property.
5. Provide a Certificate of Liability Insurance designating the Florissant Valley of Flowers Festival as third party to be insured under the applicant/vendor's insurance coverage.
6. Will not sell Flea Market items, weapons, live plants nor flowers.
7. Remove items from their space which the Sponsoring Organization may deem to be unacceptable.

A \$75.00 non-refundable rental fee (if application is accepted) per space (up to 10 ft. by 10 ft.) must be sent to complete your application. Applications are processed as they are received. If spaces are full you may be on a waiting list.

For additional information call 314-837-0033 or e-mail *office@florissantvalleyofflowers.com*.

Contact Name: _____ E-mail address: _____

Phone (day time): _____ Phone (cell or evening): _____

Address: _____
(Street) (City) (State) (Zip)

Booth Description: _____
(continue on the back of this form if needed)

Special Needs (i.e. electricity, wall space): _____

Types of Craft to be sold: _____
(Note: Do not use space heaters and limit crock-pots to only one per space.)

Attached is a layout of the numbered spaces available. You may specify, by number, up to three (3) preferences for your space. (You are not guaranteed your preference. After the cutoff date spaces will be assigned by the offices.)

First Preference _____ Second Preference _____ Third Preference _____

Authorized Signature: _____ Date: _____

Scan and e-mail (see above), mail, or present in person application to: Valley of Flowers, 601 rue Saint Charles, Florissant, MO 63031

____ Check enclosed payable to Valley of Flowers Festival OR

____ I prefer to use PayPal. Please invoice me at the address above. (NOTE: Service charge applies)

*****FOR OFFICE USE ONLY*****

Accepted by Valley of Flowers Festival _____ Date _____

