



Valley of Flowers Festival
Financial Statement

Due by the first Friday in June from Offsite Concessions or
Eagan Center Food Booths

Organization Name: _____

Contact Name: _____ E-mail address: _____

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

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

Booth/Concession Description: _____

(1) Gross income _____

(2) 5% of gross income (from line 1) _____ = The amount due the Festival

Failure to provide all information may disqualify your organization from future festivals!

Scan and e-mail (see above), mail, or present in person statement 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 by _____ Date _____