



**Valley of Flowers Festival
Financial Statement**

Due by the first Friday in June

This report is for (*please mark one*): Offsite booth Eagan Center food or game booth

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 _____ = The amount due the Valley of Flowers Festival
(5% of line 1)

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

Mail statement and payment 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 _____