



Valley of Flowers Festival Applications  
Friday and Saturday Information Booth

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

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 9:00 a.m. Applicants will be provided one (1) table and two (2) chairs. Tables must be draped. Applicants must provide their own extension cords. 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. Remove items from their space which the Sponsoring Organization may deem to be unacceptable.

A \$50.00 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](mailto: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): \_\_\_\_\_

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 this 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 by \_\_\_\_\_ Date \_\_\_\_\_

