



Valley of Flowers Festival Applications
Saturday Information Booth

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

Application Deadline – first Friday in April

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): _____

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.
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.

Authorized Signature: _____ Date: _____

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.)**

First Preference _____ Second Preference _____ Third Preference _____

Authorized Signature: _____ Date: _____

Mail application 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 _____