

**2010 ST. LOUIS AFRICAN ARTS FESTIVAL
BOOTH APPLICATION-AGREEMENT FORM
(Please Type or Print in Black Ink)**

BUSINESS NAME _____

MAILING ADDRESS: _____ CONTACT: _____

CITY/STATE/ZIP: _____ E-MAIL: _____

DAYTIME PHONE: () _____ BUSINESS/CELL: () _____

VENDOR INFORMATION

EVENT DATES:

Saturday, May 29, 2010	10:00 a.m. -8:00 p.m.
Sunday, May 30, 2010	11:00 a.m. -8:00 p.m.
Monday, May 31, 2010	10:00 a.m. -6:00 p.m.

(Vendors are expected to be at their booths no later than 9:30 a.m. on Saturday & Monday mornings, and by 10:30 a.m. on Sunday morning.
All transactions must be concluded by the daily closing times listed above! No Exceptions!)

SET-UP DAY: Friday, May 28, 2010 10:00 a.m. - 5:00 p.m.
(Vendors must leave the premises by 5:30 p.m.)

LOCATION: World's Fair Pavilion in Forest Park, City of St. Louis
(A map of Forest Park is enclosed)

FEES: **\$425** if paid in full by **Early Bird Deadline (April 16, 2010)**
\$475 after April 16, 2010

SUBMIT YOUR APPLICATION EARLY FOR A DISCOUNTED RATE AND EXTRA BENEFITS. TO RECEIVE A BOOTH ASSIGNMENT, BOOTH FEES MUST BE PAID IN FULL!! NO EXCEPTIONS!!

NOTE:

- Booths will be decorated with African print fabric. We strongly recommend that you bring tarp or heavy-duty covering for overnight protection from inclement weather.
- Food vendors and vendors assigned space outside of the Pavilion **MUST** bring their own tents, in good condition, and no larger than 10x10. **Larger tents or booths require premium fees.**
- **Booths are assigned on a first-come, first-served basis. Every attempt will be made to accommodate your selected space. Layout configuration is subject to change.**

Please provide the following information:

Number of booths you would wish to reserve _____ Booth # Preference (i.e. #4, #8 etc.) _____

Will you provide your own tent? Yes _____ No _____ If yes, please provide tent size _____

Please briefly describe your merchandise _____

(i.e. African clothing, crafts, textiles, etc.)

What country or culture does your merchandise represent? _____

Your signature and initials are required on the back of this application in order for the application to be processed.

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NOTICE

**Water and ice will be sold by the St. Louis African Arts Festival.
Sale of these items by vendors is prohibited.
Beer or alcoholic beverages for sale or consumption are strictly prohibited.**

Please acknowledge your understanding and agreement by initialing each of the following statements:

In keeping with the spirit of the festival, the St. Louis African Arts Festival Committee retains the right to approve all merchandise to be displayed and/or sold at the marketplace as well as the right to approve booth space. In the event that your application is denied, the St. Louis African Arts Festival Committee will promptly refund your deposit. _____

It is understood and agreed upon by anyone submitting an application that the African Heritage Association or anyone associated with the 2010 St. Louis African Arts Festival shall not be liable for any physical or property damage or loss during the leasing of booth space. _____

Vendor recognizes and agrees that he/she is operating as an independent contractor. _____

As an independent contractor, Vendor agrees to take full responsibility for merchandise sold during the Festival. Vendors are also responsible for any municipal fees, permits, or taxes that might be owed for merchandise sold. Further, Vendor agrees to hold harmless and indemnify the African Heritage Association, the St. Louis African Arts Festival Committee, Washington University, the City of St. Louis, and all other co-sponsoring organizations for any claims and/or damages that may arise as a result of Vendor's participation in the Festival. _____

Authorized Vendor Signature _____ Date _____
Required

Please remember to initial and sign your application. Unsigned applications will be considered incomplete and will be returned for signature. This will delay processing and may jeopardize your booth assignment.

DO NOT WRITE BELOW THIS LINE



Amount Received \$ _____ Booth(s) Assignment _____ Balance Due \$ _____
Approved By _____
Authorized AAF Representative

Return your application to:

St. Louis African Arts Festival
Campus Box 1051
One Brookings Drive
St. Louis, MO 63130-4899

Questions? Please call (314) 935-9676.