



www.hogeyefestival.com

hogeye@ci.elgin.tx.us

CHILDREN'S ACTIVITY VENDOR APPLICATION PROCEDURE:

Applications may be submitted to hogeye@ci.elgin.tx.us, mailed to Hogeye Festival, PO Box 591, Elgin, TX 78621, or turned in at Elgin City Hall, Community Development Department, 310 N. Main Street, Elgin, TX 78621.

- Commercial liability insurance is required for activities such as, but not limited to: bounce houses, slides, bungee jumps, trains, pony rides, petting zoos, etc...
- Application must contain a COMPLETE list of activities.
- No resale, manufactured merchandise or flea market items. Sale of commercially manufactured or resale merchandise at the festival will result in forfeiture of your booth fee and immediate removal from festival grounds.
- The Hogeye Committee reserves the right to determine whether goods or services are appropriate for the Hogeye Festival.
- **Payment methods** available include cash, credit/debit, check, and money order. Please make checks payable to **Elgin Main Street Board**.
- Payment in full must be submitted at time of application. If submitting an electronic application and mailing in or dropping off payment at the office, make sure to note this on both payment and application. Your application will not be processed until payment has been received.
- **All booth fees are nonrefundable. No refunds in case of inclement weather.**
- Approval letters will be emailed. Please check your email often, as this is the main form of communication between the Hogeye Festival Committee and vendors.
- Approval can take up to four weeks.
- Vendor booth assignments will not be given out before check-in.

Please note that failure to submit all required information will delay your application and result in a non-refundable reprocessing fee of \$15.

CHILDREN'S ACTIVITY VENDOR APPLICATION

Vendor Information

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

Email: _____

License Plate Number of car used at the festival: _____

Booth Information

All spaces are 10x10. All equipment (tables, displays, etc.) must remain within the space boundaries.

Vendor Type	Before Oct. 1	Oct. 1 and after
Children's Activity	\$100	\$120
Non-Profit Organizations	\$20	\$30

If Non-Profit, please indicate whether fund-raising or promotional only. Fund-raising booths must follow the same guidelines as all other children's activity vendors.

Number of spaces desired: _____ X Booth Cost: _____ = Booth Total: _____

Please include a list of **ALL** activities. Providing activities not on the list could result in the forfeiture of your booth fee and possible dismissal from the festival grounds.

Activity

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Electrical Information

Electrical Outlets: Do you need electricity: yes or no

One 20 amp outlet is provided per children's activity booth only if needed. Additional outlets are \$10 each.

How many additional 20 amp outlets will you use?: _____ X Outlet Cost: _____ = Electrical Total: _____

Electrical appliances to be used:

Appliance	Quantity

Final determination of individual electrical needs will be made by the Hogeye Festival committee

Payment

Booth Cost: _____

Electrical Cost: _____

TOTAL DUE: _____

PAYMENT METHOD: check cash credit/debit card money order

Card Number: _____

Name on Card: _____

Expiration: _____

Security Code: _____

Billing Zip Code: _____

CHILDREN'S ACTIVITY VENDOR APPLICATION

I/We, _____, release all sponsors, co-sponsors, clubs, organizations or individuals involved in the Hogeye Festival from any liability, product or personal, for the duration of the event. I have enclosed my non-refundable booth fee. I have read the rules and agree to abide by them. I understand that failure to comply with the rules set forth by the committee will result in termination of this contract without recourse by the participant and the Hogeye Committee, Elgin Main Street Board or City of Elgin shall not be liable to anyone for this action.

Signature _____

Date _____

COMMENTS:

Please do not write in the box below. Festival use only.

Postmark date:_____ Amt. _____ Payment Method:_____ Check # _____
Vendor accepted/rejected (circle one) Y N Reason:_____
Check to A/R:_____ Vendor notified:_____