

**CARRABELLE ARTIST'S ASSOCIATION
FALL FESTIVAL**

**featuring arts, crafts, games, costume contest for children, face painting, snack
food vendors, and GRANNY'S ATTIC (used items for sale)**

**Carrabelle Senior Center, Carrabelle, FL
201 N.W. Avenue F**

Saturday, October 26, 2024 9:00 AM – 3:00 PM

Vendor Application deadline with payment (nonrefundable): October 20, 2024

Vendor/Contact Name: _____

Telephone Number where you can be reached: _____

Email: _____

Product/Merchandise Offered: _____
(Yard sale items, Arts, crafts, food items, other _____)

_____ **12X15 Outside space (provide your own tent and table) \$10.00** _____

_____ **Inside table approximately 8' long – 1 each @ \$10.00** _____

Total Amount enclosed \$_____ for _____ space

**Proceeds from table/outside rentals and Granny's Attic are to benefit the
Carrabelle Senior Center. Carrabelle Senior Center will provide food for sale to
support the event and the proceeds to the center.**

GENERAL INFORMATION

Space is limited. Someone will direct you to your area when you arrive to unload.
Pull in front of the Senior Center to unload. Afterward please park in the designated
area – in front and around the gazebo (off limits to any other participants) .

There is no power for outside vendors - provide your own if needed.

For Office Use Only:

Date Received: _____ Amount Enclosed: _____

Space(s): Number: _____

Email Acceptance Sent _____

RULES & REGULATIONS ACCEPTANCE & LIABILITY DISCLAIMER

I hereby state that I, _____ have read
(print name)

and agree to abide by the rules and regulations as set forth by the Carrabelle Artist Association and the Carrabelle Senior Center Committee and any other regulations as may be established. I understand and agree there will be no refund and that the decisions of the CAA Committee will be final.

Furthermore, I hereby release and discharge the CAA and the Carrabelle Senior Center, Franklin County, Florida, and all of their directors, agents, officers, and volunteers from personal liability, claims loss or damage arising in any way out of or in conjunction with the undersigned's application to participate in the CAA Fall Festival. The committee also reserves the right to remove any exhibitor that does not comply with the festival conditions for participation, or whose display is not in good taste or of any offensive nature. I also hereby declare that I have the authority to make such a statement.

Applicant's Signature _____ Date: _____

Applications will not be accepted without signatures and dates where applicable.

RETURN Application and Signed Rules & Regulations along with payment to:

Carrabelle Artist Association, P.O. Box 92, Carrabelle, FL 32322 or bring to Carrabelle Senior Center on Tuesdays from 12:00 – 3:30 (give to one of the art members)

**Please make check payable to Carrabelle Artist Association
Cash is acceptable :)**

**Contact: Lori Overstreet (CAA President): 850-520-1382 text or call
Email: carrabelleartist@gmail.com or loverstreet@live.com**