

# **CAMDEN DAFFODIL FESTIVAL**

Dear Returning and Potentially New Vendors,

Plans for our 2015 Daffodil Festival are now underway. Our hope is that you'll fill out and return the enclosed forms, which will secure you a spot and confirm your participation in our festival.

After your application and payment are received, a hospitality packet will be sent to you. This will include further details and hotel availability.

We look forward to having you participate, and we'll do everything possible to make your stay pleasant and profitable. In case I can be of further help to you, my contact information is below.

Looking forward to working with you,

Debbie Strickland  
1415 W. Washington  
Camden, AR 71701

phone: 870-818-2304  
e-mail: [stricklandd@cablelynx.com](mailto:stricklandd@cablelynx.com)



**CAMDEN DAFFODIL FESTIVAL  
FOOD VENDOR APPLICATION  
MARCH 6 AND 7, 2015**

SET –UP TIME: THURSDAY, MARCH 5 AT 5:00 PM

You will receive additional instructions regarding set-up.

COST FOR A 12 X 12 SPACE IS \$75.00

NOTE: **An additional space must be rented to accommodate tongues, axles, etc. not fitting within a 12 X 12 space. Please measure carefully to determine spaces needed for your concession.**

NOTE: Your concession must be Arkansas State Health Department approved, unless you are non-profit. Heath Department requires that you have an RV-type water hose, in order to connect to festival water supply. Vendors must remain open during the entire festival, 9-5 Friday and 9-5 Saturday. No one is permitted to tear down and leave early. Dumping of gray water is prohibited.

Please complete the application below and the enclosed utility requirement form. **Return both forms, along with your fee, in the form of a money order or a cashier's check.**

**NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED.**

**DEADLINE FOR APPLICATIONS and PAYMENT: JANUARY 5, 2014**

**Vendor name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Description of food:** (must have top three items you sell in order to protect your specialty items) \_\_\_\_\_

**Number of spaces requested:** \_\_\_\_\_

**Any special electrical requirements?** \_\_\_\_\_

**FEEES ARE NON REFUNDABLE.**

**WE WILL STRIVE TO PROTECT VENDORS FROM EXCESSIVE COMPETITION.**

**SIGNATURE** \_\_\_\_\_

MAIL TO: **DEBBIE STRICKLAND**  
1415 W. WASHINGTON  
CAMDEN, AR 71701

TELEPHONE: **870-818-2304**  
E-Mail: **stricklandd@cablelynx.com**

# **CAMDEN DAFFODIL FESTIVAL 2015**

## **FOOD VENDOR**

### **ELECTRICAL REQUIREMENTS**

If you are planning to attend the 2015 Daffodil Festival, please complete and **return this form, with your application and fee, no later than January 5, 2015.** This will help us determine total electrical requirements for the Festival, both yours and ours. Your cooperation in helping us determine total utility requirements will assist us in providing the very best service possible to you.

APPLIANCE TYPE	# OF EACH	VOLTAGE	WATTAGE	LIGHTING TYPE	# OF LIGHTS	VOLTAGE	WATTAGE

NOTE: VOLTAGE AND WATTAGE WILL BE LISTED ON EACH APPLIANCE.

*COMMERCIAL TYPE CONCESSION TRAILERS HAVE THIS  
INFORMATION LISTED INSIDE EACH UNIT.*

**COME PREPARED TO USE PROPANE WHERE POSSIBLE!!!!**

VENDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_