

**40th Annual Heart Of Virginia Festival, May 5, 2018**

**Please print, complete, and mail this application**

**2018 Heart of Virginia Application- Community Outreach**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
IRS Employer Identification Number/ FEIN: \_\_\_\_\_

\*\* Or 501(c)(3) Form attached

- Feel free to share my contact information with other local event planners  
YES \_\_\_\_\_ NO \_\_\_\_\_
- I have previously participated in the Heart of Virginia Festival:  
YES \_\_\_\_\_ ( \_\_\_\_\_ Years) NO \_\_\_\_\_

1 Space = 10' X 10' (purchase additional space(s) if needed)  
Please Note that \*\*Very few spaces have electricity\*\*

Prices are as follows (Please mark the appropriate choice):

_____ Sell/ Fundraise Space:	\$35 Early Registration	\$70 Regular Registration
_____ Information ONLY:	\$15 Early Registration	\$25 Regular Registration

\*\*Electricity (Cost in addition to space)

_____ YES (add)	\$35 for 120v	or	\$50 for 240v
_____ NO			

\_\_\_\_\_ I would like to request the same space I had last year  
(Consideration of placement requests is honored, but not guaranteed)

Is there anything you would like us to know when assigning your space (ie: companies, organizations, and products that you would or would not like to be in close proximity):

\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail your participation in the Festival: Check all that apply: (Attach additional information if needed)

_____ Educational	_____ Non- Profit	_____ Civic
_____ Religious	_____ Other (Please describe)	_____

\_\_\_\_\_

**\*\*If you are planning to sell and food items that are prepared on-site, require refrigeration, or heat, you MUST register as a FOOD VENDOR.\*\***

**\*\*If you have bake sale items ALL bake sale items MUST be pre-packaged before the event. If you intend to sell food you MUST indicate on this application as per VDH health inspector guidelines.**

- Are Bake Sale items being sold? \_\_\_\_\_ YES \_\_\_\_\_ NO

### **CONTRACT & WAIVER**

Please read the following statements carefully. To participate, you must sign and return this statement with your application.

- I agree to allow the Heart of Virginia Festival Board full use of images and other promotional materials (Photographs, video tape, audio tape) taken during the Festival for purposes of promoting the Festival this year and in future years.
- I understand that failing to follow the Community Outreach Guidelines and/or General Guidelines will result in a \$35 fee and I may not be invited to return to the Festival in subsequent years. I also understand that any unpaid fees will prohibit future participation.
- I do hereby waive the Town of Farmville, Heart of Virginia Festival, Festival Board of Directors, judges, any sponsor, or fellow participant from liability due to personal injury, loss or damage to any property that may occur during the Heart of Virginia Festival.
- Please be advised any potential insurance risk is subject to your own personal insurance company. To insure proper coverage and mitigate any potential risks to you, contact your personal insurance agent. *If you have insurance please submit a certificate of insurance with your application form.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature (if under 18)*

\_\_\_\_\_  
*Date*

***Before mailing, be sure that you have included the following:***

- Completed 2018 Application with signed Contact & Waiver
- Application Fee(Checks or money order payable to: Heart of Virginia Festival)
  - **Early Registration (Received by Friday March 16, 2018)** \$15 per space or \$35 per space with permission to sell/ fundraise
  - OR
  - **Regular Registration** \$25 per space or \$70 per space with permission to sell/ fundraise
- Please indicate 501(c)(3) status your organization has obtained along with a copy of the 501(c)(3) certificate and/or Federal Tax ID #. (required for first time vendors only)
- A Certificate of insurance is requested (not required) that lists the Heart of Virginia Festival as additional named insured.

Mail to: Heart of Virginia Festival, Attention Community Outreach  
P. O. Box 35  
Farmville, VA 23901

PLEASE NOTE:Cancelled checks serve as preliminary acceptance as a participant. If you supply an email address, we will let you know that we have received your application. Otherwise, space assignments and confirmation materials will be sent in April.

Office Use Only:

Amount \_\_\_\_\_ Check Number \_\_\_\_\_ Date Received \_\_\_\_\_  
FEIN or 501c3 certificate \_\_\_\_\_ Insurance \_\_\_\_\_