

Paseo del Rio Association
Lucky Duck Race & Festival
 August 21st, 11am-3pm

EXHIBITOR APPLICATION (Please Print)

Exhibitor/Company Name: _____

Owner: _____ *Tax ID # _____

* A copy of your company's Sales Tax Permit MUST accompany this application*

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____ Fax (____) _____

E-Mail: _____ Website _____

Signature _____

Please check Booth size desired.

Commercial Vendor:	10x10 _____ \$1000	10x20 _____ \$1500 additional footage \$5.00 per square foot
Food Vendor:	10x10 _____ \$250	10x20 _____ \$400 additional footage \$5.00 per square foot
Children's Area Interactive Vendor:	10x10 _____ \$150	10x20 _____ \$250 additional footage \$5.00 per square foot
Arts & Crafts Vendor:	10x10 _____ \$150	10x20 _____ \$250 additional footage \$5.00 per square foot
Attraction Vendor:	10x10 _____ \$250	10x20 _____ \$450 additional footage \$5.00 per square foot

Requested Booth space location: _____, please place number of desire booth space posted on accompanying map.

Electricity needed ____ Yea ____ No; electricity is limited and is on a first come first serve basis (nothing over 250 watts)

Washing water provided. Food vendors must obtain Health Permit and have flooring for their booth space and cooking must be done with a grill or propane. No electric fryers.

List merchandise expecting to be sold:

(Commercial General Liability insurance is required, naming Paseo del Rio Association as additional insured.) Payment must accompany application. Deadline and Payment must be received by Friday, August 15th, 2010. No payments will be taken on event day.

No solicitation out side your booth area. Booth locations will be assigned on a first come first serve basis. All vendors will be pre-approved. Paseo del Rio reserves the right to refuse vendor if not in compliance with festival rules and regulations. Event Rain or Shine No refunds.

Return application with payment to:
 Paseo del Rio Association
 110 Broadway, Suite 500
 San Antonio, TX 78205
 (210) 227-4262
 (210) 212-7602 fax
 ktaylor@paseodelrio.com

Payment Type	Visa	Master Card	American Express	Discover	Check	Cash
Expiration Date	Card Number			CVC		

Approved by: _____ PDRA Employee Signature	Circle Type of Payment Below: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	For Accounting use only: Trans #	For Office use only: Booth #
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