

General Vendor App and Food Vendor App



Please download the application and mail it to us along with your payment to:

Crochet Event Management LLC 4592 Midrige Dr, Norcross. GA 30093

Input ( Event Name Address and Dates )

Exhibitor Name: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_

Zip: \_\_\_\_\_

Product

Category: \_\_\_\_\_

\_\_ E-mail /

website \_\_\_\_\_

\_\_ VENDOR BOOTH size: 10' x 10' ( Input Booth Cost )

FOOD TRUCK VENDOR ( Input Cost )

List any other shows you participate in

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\_Enclosed is my check made payable to CROCHET EVENT MANAGEMENT LLC  
for \$\_\_\_\_\_. I (we) the applicant(s), do expressly release the Producer CROCHET EVENT  
MANAGEMENT LLC., of and from any and all liability for any damage, injury, or loss to any  
person or goods which may arise from the rental of said space by the exhibitor, and agree to  
hold and save the producer harmless of any damage by reason thereof. In addition, I have  
read and understood all information and rules in the show schedule. ©2024 CROCHET EVENT  
MANAGEMENT LLC. (all rights reserved) (Not Valid Unless Signed)

Signature \_\_\_\_\_

Credit Card payments can be made on this page.

Crochet Event Management Attn: , Vendor Coordinator

4592 Midridge Dr. Norcross Ga 300093

Contact@crochetevents.com

Festival Credit Card Authorization Form Credit Card Payment Type:

Please indicate: \_\_Visa \_\_Mastercard \_\_American Express \_\_Discover

Card Number: \_\_\_\_\_

\_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_

Mailing Address Associated with Card: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ Security Code: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I hereby Authorize the Crochet Event Management LLC, to charge my card

the amount indicated above: Signature \_\_\_\_\_

Date \_\_\_\_\_