ANNUAL BRIDGE FESTIVAL BOOTH APPLICATION

**Name of Group or Business:**

**Contact Person:**

**Address:**

**Phone Number:**

**Email Address:**

**Type of booth you will be having** (informational, food, games, )

Please be specific:

**Number of booths needed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(booth size 10 foot wide)

Will fit a 10x10 tent

***Need to provide own table/chairs and tent***

**Fees:**

$10 for all booths

**Food Booths**: If you have a food booth you are required to have a current food license and liability insurance.

Please return this contract with payment by **August 1st** to:

**Saranac Community Association**

**PO Box 201**

**Saranac MI 48881**

\*Please make checks payable to **Saranac Community Association**

Questions please email support@saranaccommunityassociation.com.