



# Blue Crab Festival, Inc.

Post Office Box 736  
Little River, SC 29566

**ATTRACTION  
APPLICATION/AGREEMENT**  
Saturday & Sunday, May 15-16, 2010

NAME OF VENDOR \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*(PRINT VERY CLEARLY)*

Mailing Address \_\_\_\_\_  
Street/Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Describe the Attraction/Ride/Game etc. Note size and set up requirements. Attach Photo. \_\_\_\_\_

Name of Festival Workers (2 Nametags Will Be Provided at No Cost) \_\_\_\_\_

Special Needs / Requests: \_\_\_\_\_

<b>FEEES:</b> Space Rent (25% of gross receipts to be paid at end of each day)	<u>Amount Remitted</u>
(A deposit of \$100.00 per attraction/game is due at time of application.	_____
Deposit will be used against percentage monies due festival	_____
Additional Worker Passes (\$5.00 each)	_____
Electricity, if needed (\$50.00)	_____
<b>TOTAL</b>	_____

I hereby agree to abide by the rules and regulations set forth by the Blue Crab Festival, Inc., and any other regulations as may be established. I understand and agree that there will be no refunds and that decisions of the Festival Committee are final. Further, I hereby release and forever discharge the Blue Crab Festival, Inc., Little River, SC, and their agents and representatives, from any responsibility, personal liability, loss, claims, or damage arising out of or in connection with this festival.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Sign and Mail with check or money order, along with "additional insured" certificate naming the Little River Blue Crab Festival, Inc. as additional insured to:**

**Blue Crab Festival, Inc.  
PO Box 736  
Little River, SC 29566**

**(Include Photo of Attraction)**

**Contact: Hubert Bullard  
Phone: (843) 385-3180**