

OLUS



**ANNUAL
TEE BATTLE FESTIVAL**

Annual Olustee Battle Festival & Olustee Battle Re-Enactment

**APPLICATION FOR NON-PROFIT CRAFT RESERVATION AT
OLUSTEE FESTIVAL 2012**

Application is hereby made for a reservation of a space(s) for non-profit space **February 17th and 18th, 2012**, in conjunction with the Olustee Battle Festival to be held in Lake City, FL. **All non-profit vendors will be pre approved by the Arts & Crafts Committee and agrees to follow the rules and regulations.** Anyone found not following these rule will not be allowed back into the festival. The fee for reserving such space(s) is waived. These **spaces are very limited, so please apply only if you are sure you can attend.** **This application is in good faith that you will attend the 2012 festival.**

Please fill in **all info** even if we have you already on file so we can update our records, then either “**submit**” and pay with **PayPal**, email to cecreev@yahoo.com and pay with **PayPal**, or **snail mail** with stamped, self addressed envelope and check or MO made payable to **Blue-Grey Army, Inc.** and send to:

Lynn Reeves, Blue-Grey Army, Inc.
Co-Chairman Arts & Crafts
4183 276th Terrace
Branford, Fl 32008
386-935-1463

This application is required
to be returned no later than
December. 15, 2011.

I have read and agree to abide by the [Liability Disclaimer](#), [Rules & Regulations](#), and all Florida laws pertaining to the Battle of Olustee Festival, during my participation as an Arts & Crafts Non-profit vendor.

Name: _____ Date: _____

Address: _____

City, State, Zip _____

Contact Person: _____ Home phone _____

Fax # _____ Cell# _____

Email: _____

Florida Sales Tax or Exemption# _____

BRIEF DESCRIPTION OF NON-PROFIT **(ABSOLUTELY NO SALES)** ACTIVITY PLANNED:

The proposed area is approximately 10 X 10 feet. If your booth or unit is over the 10 X 10 area please apply for two spaces, Will you be using a generator? _____ yes _____ no Do you need electricity? _____ yes _____ no (\$25 per access)

Payment method (Check one) PayPal _____ Check/MO _____ CHK/MO# _____ Amount _____

For Office Use Only

Block#” NP Space# _____ Electric Fee _____ by PayPal _____ Chk/MO# _____ Amt: _____