



IN Jacksonville

September 29 - 30, 2017

SPONSOR AGREEMENT FORM

Contact Name _____

Company _____

Address _____

City _____ State _____

Zip _____

Phone _____ E-mail _____

Sponsor Area _____

Enclosed is my check for \$ _____

In Kind _____ (If you are in-kind please attach a description of what you will provide)
****Prior to setting up, balance must be paid in full.**

I want a booth _____ I do not want a booth _____

Electric: Yes _____ Type of electrical appliance _____ No _____
Number of outlets _____

{Setup time 8 am - 2 pm Friday }

{Official FestiVille Hours 3 p.m. - 10 p.m. Friday/9 a.m. - 10 p.m. Saturday . Vendors and sponsors must be set until at least 7 p.m. both days. }

Please complete and return along with payment made payable to:
City of Jacksonville
FestiVille Committee
P.O. Box 793
Jacksonville, AR 72078

No out of state personal checks will be accepted.

FestiVille Committee
501- 982-4171 * Fax 501-982-6090
drozenski@cityofjacksonville.net * www.festiville.org