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## BEST FRIEND FESTIVAL 2025

P.O. Box 226 Norton, VA 24273 JUNE 2-7 2025

FOOD VENDOR APPLICATION (Please Print or Type Application)

Name of Vendor:			
Mailing Address:			
City:	_ State:	Zip:	Phone:
E-Mail Address:			
Name of Contact Perso	on:		Phone: (if Different from Above)
Size of Trailer or tent s	pace needec	I for set-up: _	
Electrical Requests:			
Description of items ye	ou wish to se	ll:	
FEE APPLICATION:		• • •	day Night Set Up (Downtown)
( ) \$40 Tuesday Night Set Up (Downtown)			
<ul> <li>( ) \$40 Wednesday Night Set Up (Downtown)</li> <li>( ) \$40 Thursday Night Set Up (Downtown)</li> </ul>			
		( ) \$50 Frid	lay Night Set Up (Downtown)
(Spots are limited on E approved)	owntown ev	ents. Vendors	s will be notified upon receipt of application if their application is
•			DISCLAIMER

Medical or accidental insurance is not carried for voluntary participants of this event by the Best Friend Festival Committee of the City of Norton. In consideration for my participation in the Best Friend Festival, I hereby release the festival officials, sponsors, the Wise County Chamber of Commerce, City of Norton and its employees from any claims for liability in the event of injury, damage, or other expenses incurred as a result ofparticipation in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

By initialing the above box you are signing the above release.

\*\*\*UNSIGNED DISCLAIMER WILL BE CONSIDERED UNREGISTERED FOR THE EVENT\*\*\*