

# Arts **IN** Black

## Tifton Festival

P.O. Box 7762  
Tifton, Georgia 31793  
Office: 229- 386-4630  
Website: [www.artsinblack.net](http://www.artsinblack.net)  
E-Mail: [artsinblack@gmail.com](mailto:artsinblack@gmail.com)

### FOOD VENDOR APPLICATION

**DEADLINE:** Application must be postmarked no later than March 1, 2012

**Vendor Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Email Address** \_\_\_\_\_

*Only food items listed below may be sold at the festival:*

\_\_\_\_\_

**Provide the following information:**

I will use my generator  I need a power hook-up \_\_\_\_\_ Voltage

I need water nearby

**AGREEMENT:**

I hereby make application to become a vendor at the Arts in Black Festival. I have read the festival rules established by the Arts in Black Committee, the ABAC Arts Connection, and the City of Tifton. I agree to abide by the stated rules.

By signing the application, I hereby and forever discharge the Arts in Black Festival, the Festival Board, the Tifton-Tift County Arts Council, ABAC Arts Connection and the City of Tifton of and from all manner of actions, suits, damages, claims and demands whatsoever in law or equity from any loss and damage to the undersigned's property while in possession, supervision or auspices of the Arts in Black Festival, the City of Tifton, their agents, representatives, or employees.

The Arts in Black Festival reserves the right to make final interpretation to all rules.

A completed application is a commitment to operate at the Festival and to abide by the Festival rules. No refund of vendor's fee will be made for cancellation after **March 16, 2012**.

Signing of this application acknowledges that the signee has read the agreement on this form and agrees to abide by the Arts in Black Festival rules.

Any changes made after publication will be recorded on the website [www.artsinblack.net](http://www.artsinblack.net)

I wish to participate and my check in the amount of \$125 (Payable to Arts in Black) is enclosed.

\_\_\_\_\_  
Signature of vendor

\_\_\_\_\_  
Date

**Please return this form and check to:**

Arts in Black Festival  
P.O. Box 7762  
Tifton, GA 31793-7765

Question? Contact Olga White, 229-386-4360 or Tamisha Blackshear, 229-848-6392

***"The Journey: "Embracing Our Treasures Past, Present and Future"***

2012 Executive  
Committee

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*Dr. Tamisha Blackshear*

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*Olga White*