

The Lac La Hache Community Club  
 PO Box 252  
 Lac La Hache, BC V0K 1T0  
 Email: southcariboogarlicfestival@gmail.com



**2017 GARLIC FESTIVAL**

**Saturday, August 26**  
 9:00 am – 5:00 pm  
**Sunday, August 27**  
 9:00 am – 4:00 pm

**Garlic Festival Grounds, Hwy. 97  
 Lac La Hache, BC**

www.garlicfestival.ca

**APPLICATION FORM**

**NON-FOOD VENDORS – FINAL BOOKING DEADLINE July 31, 2017**

*I am applying for booth space as:  
 (please check one)*

- GARLIC Vendor** ► Sells Fresh Garlic Only  
**OR**  
 **General Vendor**

**BOOTH RATES**

**GARLIC Vendor**  
 12 x 12 Booth Space  
 \$100.00 (until April 30/17)  
 \$150.00 (after April 30/17)

**General Vendor**  
 12 x 12 Booth Space  
 \$150.00 (until April 30/17)  
 \$200.00 (after April 30/17)

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Web Address (if applicable): www. \_\_\_\_\_  
 Mailing  
 Address: \_\_\_\_\_

No. of 12' x 12' Booth Spaces:  
 (Please see Rates at left) \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

I will attend the Vendor Buffet Dinner  
 on Saturday, August 26 at 6:00 pm  
 \$15.00 each

Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", No. of tickets \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**YOUR PRODUCTS:**

Please list the products you will be selling at the Festival. *Note:* These will be the only products you will be allowed to sell at the Festival. Please check the 2017 Vendor Rules to make sure you meet the applicable Standards for Non-Food Vendors.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that I have read, understand, and will abide by the rules and standards of the 2017 Non-food Vendor Rules of the South Cariboo Garlic Festival.*

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Amount Enclosed: \$** \_\_\_\_\_

**All Vendor Booth Fees payable by Bank Draft or Money Order  
 Lac La Hache Community Club – Garlic Festival  
 Thank you!**

*All vendors subject to approval of suitability by the LLHCC*

For LLHCC Office Use	Date Paid:	Amount Paid \$	Cheque No.
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