

Dog Days of Baker FESTIVAL APPLICATION FORM

Presented by the Baker County Board of Commissioners

Mailing Address:

Baker County Administration Office
Attn: Festival -County Manager
55 N. 3rd Street
Macclenny FL 32063

Festival Location:

Baker County Fairgrounds
5567 Lauramore Rd,
Macclenny, FL 32063

FOR QUESTIONS PLEASE CALL (904)259-3613 OR E-MAIL: sara.little@bakercountyfl.org

Instructions: Complete one or more of the sections below. Submit application form and application fee(s) to the mailing address above. MAKE CHECK PAYABLE TO 'Baker County BOCC'. Cash Payments must be delivered in person at the Administration Office:

SECTION 1: BOOTH SPACE

SECTION 2: LIVE MUSIC PERFORMER

SECTION 3: CONTEST PARTICIPANT

DOG DAYS OF BAKER FESTIVAL RULES AND REGULATIONS

- Payment in full is due with your application. You will not be permitted to set up or participate in the contest unless your fee is paid in full.
- No rain date - the festival is held rain or shine. No refunds will be given.
- The festival committee reserves the right to reject any application.
- People-friendly and dog-friendly dogs are permitted at the festival, provided they are on a 6 foot leash at all times.
- Dog owners are responsible for the behavior of their pets.
- Dog owners are responsible for picking up after their dog.
- By signing this application you agree to be photographed and/or your image posted in paper or electronic form.
- Your set-up space is approximately 10 feet in length. If you require additional space, please call to make arrangements.
- Spaces will be assigned at the discretion of Baker County as they see fit in order to ensure the success of our Festival.
- A Festival Committee member will be at the festival's entrance at 7:30AM for vendor set-up. **EVERYONE MUST BE THROUGH THE GATE PRIOR TO 10:30A.M. DIRECT ANY QUESTIONS to (904) 233-9180 ON FESTIVAL DAY**
- All vendors must be in their designated space and ready for the festival to begin at 10:00AM. Under no circumstances will you be permitted to drive through the festival grounds after starting times.
- Absolutely no alcoholic beverages are permitted on the premises.
- The Baker County Board of Commissioners, its employees, and volunteers are not responsible for any lost or stolen items.

SECTION1: BOOTH SPACE APPLICATION

Name of Organization: _____

Contact Person: _____

Address: _____

City, State, Zip _____

Phone (Day): _____ (Night) _____

E-mail: _____

NOTE: Booth participants / organizations are responsible for their required State & County sales tax. Booth sizes are 10 X 10. Vendors must bring their own tents, chairs, tables, power cords, or water hoses.

_____ \$25.00 Fee - Booth inside/outside. Booths will be set-up on a first come first serve basis.

Check One:

_____ FOOD BOOTH

PLEASE LIST YOUR PROPOSED MENU INCLUDING BEVERAGES: _____

___ CRAFTS (Describe) _____

___ MERCHANDISE (Describe) _____

___ INFORMATIONAL (Describe) _____

___ OTHER (Describe) _____

MY SIGNATURE ON THIS APPLICATION INDICATES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED BY BAKER COUNTY. I AGREE TO COMPLY TO THE REGULATIONS SET FORTH.

SIGNATURE: _____ **DATE:** _____

SECTION 2: LIVE MUSIC PERFORMER APPLICATION

Name of Group or Act: _____

List first name, last name of all participants _____

Main Contact Person's name: _____

Main Contact Address: _____

City, State, Zip _____

Phone (Day): _____ (Night) _____

E-mail: _____

NOTE:

- Music Performers must submit an audio or video audition of their performance
- The audition must contain 3 songs/bodies of music.
- The Festival Committee is looking for all types of music, i.e. Rock, R&B, Country, Alternative, instrumental, Acapella, etc.
- Selected performers will have one 30-minute set.
- There is no fee to audition or perform at the festival. Performers will not be paid, however they may have a tip bucket on stage.
- Mail, deliver, or e-mail your audition CD or video, along with this application to :

Baker County Administration Office
Attn: Festival -County Manager
55 N. 3rd Street
Macclenny FL 32063
E-mail: Kennie.downing@bakercountyfl.org

MY SIGNATURE ON THIS APPLICATION INDICATES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED BY BAKER COUNTY. I AND MEMBERS OF MY GROUP AGREE TO COMPLY TO THE REGULATIONS SET FORTH.

SIGNATURE: _____ **DATE:** _____

Mail or deliver your application and any applicable fees to:

Baker County Administration Office
Attn: Festival -County Manager
55 N. 3rd Street
Macclenny FL 32063
E-mail: Kennie.downing@bakercountyfl.org

PARENTS MUST SIGN FOR ANY CHILDREN PARTICIPATING IN THE "DRESS-UP LIKE A DOG CONTEST". MY SIGNATURE ON THIS APPLICATION INDICATES THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED BY BAKER COUNTY. I AND MEMBERS OF MY GROUP AGREE TO COMPLY TO THE REGULATIONS SET FORTH.

SIGNATURE: _____ **DATE:** _____