

**Annual Chocolate Festival Agreement  
July 14, 2017  
Dardanelle Community Center  
2011 State Hwy 22 West Dardanelle, AR 72834**

Thank you for your interest in our festival. Please read and follow all instructions listed below.

**Payment is expected upon returning this agreement.**

It is hereby agreed between the Dardanelle Area Chamber of Commerce and \_\_\_\_\_, exhibitor. The Dardanelle Area Chamber of Commerce reserves the right to deny or remove any unsuitable goods from the premises.

Proceeds from the festival will go to The Lizard Lunch Room Fund. This fund will help to pay the outstanding balances of students in the Dardanelle School District lunch room. The theme for the event will be "In The Lunch Room". Vendors may decorate to go with the theme but are not required to.

The exhibitor spaces will be pre-assigned to you and you will know your space number upon arrival at the festival. A non-refundable fee is required to be turned in with application. You must be checked in between 12:00noon-3:00pm Friday, July 14, 2017. Evening hours will be approximately 5:00pm to 8:00pm.

- **Dardanelle Area Chamber will provide 1-table 3x8', 2 chairs per booth. Exhibitor will be responsible for the clean-up of their area.** If electricity is needed, you will be required to supply a minimum of 50 feet of extension cord. **Vendors will be responsible for any electrical supplies needed. The Dardanelle Area Chamber of Commerce is not responsible for any electrical accidents should the vendor attempt to connect to an electrical outlet on their own.**
- **Deadline for registration for this festival is Tuesday July 11, 2017**
- **NO Smoking in Community Center**
- **NO extra plates to be given out.**
- **Booth space is limited- first come first serve!**

Please check one of the following:

<b><u>Member Booth Cost</u></b>	<b><u>Non-Member Booth Cost</u></b>
_____ 3x8 - \$20.00	_____ 3x8 - \$25.00

Please list the Items you wish to bring with you (chocolates):

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**OWNER OR CONTACT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP,** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return **signed & paid** agreement to:

The Dardanelle Area Chamber of Commerce  
P.O. Box 208  
Dardanelle, AR 72834

For questions regarding this agreement call Stacey Daughtrey at (479) 229-3328