

**FALL FESTIVAL SHOW APPLICANT- Show date: 10/11/03
(rain date 10/12/03)**

April 15, 2003



Dear Exhibitor:

Thank you for your application the City of Fairfax 2003 Fall Festival. I am delighted to inform you of your acceptance to the show. We have enclosed your photos/slides you submitted. If you applied to the Holiday Craft Show, notification will be sent shortly as to the status of your application.

The following indicates your registration fee due, how you will be listed in the brochure distributed at the show, number of spaces assigned and a place to check if you need hotel information. Please note each space size is 10'x10'. **THE REGISTRATION FEE MUST BE PAID BY JUNE 13, 2003.** You may pay by Discover, MasterCard or Visa – just complete the following or if paying by check, please make payable to “City of Fairfax”. **Please return the “Exhibitor Information” below with your payment.** A confirmation package with guidelines, booth space number and set-up information will be sent to you in August. If you have any questions, please contact me at 703/385-7949 or email me at lherman@ci.fairfax.va.us or call Kathy Lewis at 703/293-7119 or email her at klewis@ci.fairfax.va.us. If you are unable to participate in the show, please contact us as soon as possible. **No refunds will be made after August 15, 2003.**

PLEASE NOTE: COPYRIGHT AND/OR TRADEMARK IMAGES, NAMES AND PRODUCTS MAY NOT BE SOLD UNLESS YOU HAVE WRITTEN PERMISSION “TO SELL” BY HOLDER OF COPYRIGHT OR TRADEMARK. Examples are: “Disney”, “Warner Brothers”, “Precious Moments”, professional and college sports teams.

Leslie Herman
Special Events Coordinator

Fall Festival Exhibitor Information

CATEGORY: «Category» **APPLICATION NUMBER:** «Rec»

BROCHURE LISTING: «Brochure_Name»

NUMBER OF SPACES ASSIGNED: «FF03_Spaces_Request» **PAYMENT DUE:** «FF_Owed»

DESIRE HOTEL INFORMATION: ____ YES ____ NO

Make checks payable to “City of Fairfax” or complete the following if you are paying by Discover, MasterCard or Visa:

Amount Paid: _____ Exp. Date: _____

Credit Card No: _____

Name of Cardholder (Please Print): _____

SIGNATURE: _____

Comments: _____

Return Form/Payment To: City of Fairfax Parks & Recreation, 3730 Old Lee Highway, Fairfax, VA 22030

REGISTRATION FEE IS DUE BY JUNE 13, 2003