

**Art Fest**  
**Santa Rosa Art Association**  
**Exhibitor Application and Contract**  
**Show on October 15, 2011**  
**Santa Rosa County Auditorium, 4530 Spikes Way**  
**Milton, FL 32583**  
**9am-4pm**

1. Costs for 10x10 spot are \$35.00 for members, \$40.00 for non-members.
2. One table per person in a 10x10 space. Additional tables can be brought by the vendor as long as it fits in the 10x10 space. Table coverings are required. If you do not need a table, please let the chair person know as soon as possible.
3. 3 photos of work are required and will be reviewed.
4. Booth set-up will be on Friday at: 3pm - 7 pm. Saturday set-up will begin at 7:00 and you must be set up and ready to exhibit by 8:30. The booth must be maintained until show ends. Early breakdowns will not be invited back.
5. The show chair must receive cancellations two weeks prior to show to receive full refund. (There are emergencies that occur and those will be handled on individually.)
6. You agree not to hold SRAA, its members, and Santa Rosa County Auditorium and its employees, responsible in case of loss or damage to all or part of your exhibit, merchandise, or person.
7. Table assignments are based on date of receipt of the completed and paid contract and are at the discretion of the chair persons. Deadline for receipt of contract is September 15, 2011.
8. Items for sale must be created by the artist.
9. Artist should contribute one item for door prize.
10. Artist should be willing to demonstrate their art work during the show.
11. SRAA accepts no responsibility for the collection or reporting of sales taxes.
12. I hereby affirm that I have read the Terms and Conditions of this contract and agree to them, with the understanding that noncompliance of these terms may result in potential forfeiture of any participation in future SRAA shows.

Member signature \_\_\_\_\_ Date \_\_\_\_\_

SRAA Art Fest

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

\_\_\_\_ 10x10 indoor space: \$35 member, \$40 for non member  
Tables required: \_\_\_\_\_ Yes \_\_\_\_\_ No  
1 chair per person: \_\_\_\_\_ how many? Special requests (no promises) \_\_\_\_\_  
Door prize \_\_\_\_\_ Demonstrating \_\_\_\_\_

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Description of art work and 3 photos of art:  
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Signature: \_\_\_\_\_

Return completed application and contract with check payable to SRAA:  
Darlene Samuel  
Show chair  
4569 Southern Place  
Pace, FL 32571  
Phone: 850-994-4070  
Email: [beadee9@yahoo.com](mailto:beadee9@yahoo.com)

Lunch will be available to purchase from the SRAA!