



2026 GEORGIA FOOD + WINE FESTIVAL
GEORGIA GROWN MEMBER APPLICATION
MARCH 27-29, 2026
FRIDAY PARTICIPATION IS OPTIONAL
****Georgia Grown Members Only****



1. Name _____ GG# _____
Address _____ City _____ State _____ Zip _____
Phone: _____ E-mail: _____

2. DESCRIBE & LIST ALL TYPES OF ITEMS YOU SELL: _____

4. APPLICATION MUST BE ACCOMPANIED BY FIVE (5) PHOTOGRAPHS OF YOUR ITEMS

5. **BOOTH FEE IS \$50 (DISCOUNTED FROM \$300) FOR BOTH DAYS & INCLUDES A 10X10 COVERED SPACE ONLY. YOU MAY PARTICIPATE IN FRIDAY EVENING'S EVENT AT NO ADDITIONAL CHARGE, BUT IT IS NOT MANDATORY.**

****PLEASE SELECT ONE:** _____ 3 DAYS FRIDAY-SUNDAY ~ SET UP FRIDAY AFTERNOON
_____ 2 DAYS SATURDAY & SUNDAY ~ SET UP SATURDAY MORNING

6. MAKE CHECK PAYABLE TO **GEORGIA FOOD + WINE FESTIVAL** & RETURN W/APPLICATION TO:

GEORGIA FOOD + WINE FESTIVAL
P.O. BOX 777

KENNESAW, GA 30156 ph. 770-423-1330

If you are interested in paying via credit card, fill-out the Credit Card Authorization (CCA) information below.

Signing this contract will authorize JRM Management to charge the amount specified in the CCA, if your application is accepted. If you are **not** accepted, you will **not** be charged and your application will be returned. **No refunds will be given for cancellation of the event due to inclement weather or circumstances beyond our control.** I have read and fully understand all the details as set forth and agree to abide by all exhibit rules and regulations, which are part of this contract. I hereby agree to indemnify and hold harmless the Georgia Food + Wine Festival, Jim R. Miller Park, JRM Management, Georgia Grown all organizations and persons sponsoring, managing or in any other way participating in the 2026 Georgia Food + Wine Festival, from any loss, claim, penalty or lawsuit in any way arising from my operation or involvement in the festival. **APPLICATION MUST BE SIGNED.**

****SPOTS ARE LIMITED: IF YOU SIGN UP FOR A SHOW AND FAIL TO ATTEND 2 OR MORE TIMES, YOU WILL BE REMOVED FROM OUR VENDOR LIST. NO REFUNDS OR SHOW TRANSFERS**

Circle one: VISA MASTERCARD AMEX
Credit Card Number: _____ Billing Zip: _____
Exp Date: _____ 3 or 4-digit security code: _____ Amt (booth +3.5%): _____

I _____ (print name of card holder) hereby represent that I have the authority to execute the credit card authorization and agree that this authorization will be effective for the amount (above) and on the date signed (below). I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original, and this Credit Card Authorization (CCA) cannot be revoked.

Cardholder's Signature: _____ Date: _____

SIGNED: _____ **DATE:** _____

Office use only:

DATE RECEIVED: _____ AMT: _____ RECEIPT # _____ SPACE # _____