

**THE BUGGY FESTIVAL OF CHURCH POINT**  
**Arts & Crafts Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of Booth Spaces \_\_\_\_\_

Phone Number \_\_\_\_\_

Booth Space \$100.00

Electricity \$20.00

Camper Overnight Fee with electricity \$15.00 Per Day - No. of . Days \_\_\_\_\_

(Sorry no sewage Hook up)

Total Amount Due: \_\_\_\_\_

(Money order or Cashiers check) Payable to Acadia St. Landry Medical Foundation

Will you need electricity? . Yes \_\_\_\_\_ No \_\_\_\_\_

What Voltage 110vac \_\_\_\_\_ 220vac \_\_\_\_\_

First choice set up Location \_\_\_\_\_

Second choice set up location  
\_\_\_\_\_

What types of art or crafts will you are selling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return form to:  
**Acadia St Landry Medical Foundation**  
P.O. Box 693  
Church Point La.70525-2233