

Amount: _____
Payment Type: _____

2023 Middleton Farms Pumpkin Patch

Vendor Application
21500 Otis Cooper Rd
Moss Point, MS 39562
middletonfarms@gmail.com

Saturday, October 7th, 14th, 21st
Sunday, October 1st, 8th, 15th, 22nd

10:00am- 4:00pm
1:00pm - 5:00pm

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETELY FILLED OUT AND NEATLY PRINTED. PLEASE MAIL/EMAIL YOUR APPLICATION TO THE ADDRESS ABOVE.








Name _____ Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail address _____

Type of Booth (Be Specific/25 words or less) _____

PLEASE CIRCLE THE APPROPRIATE DATE(S) OF BOOTH DESIRED:

 October 1st  October 7th  October 8th  October 14th
 October 15th  October 21st  October 22nd

ALL vendors must be set up by 9:30am on Saturdays and 12:30pm on Sundays. Vendors cannot take down their booth until 4:00pm on Saturdays and 5:00pm on Sundays.

Booths are \$35 each

Booth Size - 10x10 area

Vendors receive 2 wristbands for entrance. All other helpers will need to purchase tickets.

All Booths will be approved before given a spot. This is to ensure we do not have multiple vendors selling the same items. If vendors are selling the same items (example: scentsy, LuLaRoe) a spot will be given to the first application that was received.

TOTAL ENCLOSED: \$ _____ Please Call 251-751-7031 to request an invoice for payment.

Spots are limited and must be paid in full to hold your spot.

The undersigned hereby accepts the responsibility to see that all occupants of the booth abide by the rules and regulations as set forth above and to have the display in place and occupied for complete hours of the Pumpkin Patch. The undersigned does hereby and forever discharge Middleton Farms and Triple M Farms from all manner of actions, suits, damages, claims, and demands whatsoever in law and equity from loss or damage to the undersigned's property while on our property, possession, supervision or auspices of the above named agents or representatives or employees.

Signature: _____ Date _____

No refunds for cancellations.