



**PERTH FESTIVAL OF THE MAPLES  
SATURDAY, APRIL 26, 2025  
BOOTH APPLICATION FORM**

**Maple Syrup Producer\***  
**\*Must be an OMSPA/LDMSPA Member**

**Office Use Only:**

Rec'd: \_\_\_\_\_

Booth # \_\_\_\_\_

<b>Business Name:</b> _____		
<b>Contact Name:</b> _____		
<b>Address:</b> _____	<b>City:</b> _____	<b>Postal Code:</b> _____
<b>Telephone:</b> _____	<b>Cell:</b> _____	
<b>Email Address:</b> _____		

**Description of products to be sold, exhibited:** \_\_\_\_\_

<b>CATEGORY/DESCRIPTION</b>	<b>Booth Size (10'D X 20'W)</b>
A. Maple syrup producers	<b>Amount = \$160.00 + hst = \$180.80</b>

**I require** \_\_\_\_\_ # of booth space(s) @ \$ \_\_\_\_\_ = **TOTAL \$** \_\_\_\_\_ **(Including HST)**

**Payment: Credit Card:**  Visa  MC Number: \_\_\_\_\_

**Expiry:** \_\_\_\_\_ / \_\_\_\_\_ **CVV #:** \_\_\_\_\_

**E-Transfer:** [accounts@perthchamber.com](mailto:accounts@perthchamber.com) Use Password: **Maplefest** Confirm#: \_\_\_\_\_ Date Sent: \_\_\_\_\_

NOTE: Please indicate the name of your business/booth on your e-transfer and all correspondence.

**By Cheque:** \_\_\_\_\_ (Payable to **Perth & District Chamber of Commerce** - No post-dated cheques please)



INITIAL HERE that you have READ AND AGREE to the VENDOR GUIDELINES of the FESTIVAL of the MAPLES.  
Your application will not be considered without this approval.

**Vendor Guidelines are available on the festival website at: [festivalofthemaples.com](http://festivalofthemaples.com)**

**Please download and complete this Application form, scan and email to the address below.  
Send 'Proof of Insurance' by email no later than March 28th, 2025. Insurance info in Vendor Guidelines.**

**Perth Chamber office phone: (613) 267-3200      Email: [maple@perthchamber.com](mailto:maple@perthchamber.com)**

Perth Festival of the Maples - 40 Sunset Blvd., #30, Perth, Ontario K7H 2Y4

**Payment does not guarantee a booth space.  
All applicants will be notified by mid-April of their booth location.**

(HST # 107836629 RT0001)