

ROBERT JOHNSON BLUES FOUNDATION

presents

BLUES JAM 2008

Vendor Registration Form:

Mail check or money order to:

Robert Johnson Blues Foundation

P.O. Box 1005

Crystal Springs, MS 39059

NAME: _____ PHONE: _(_____) _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF ITEMS FOR SALE: _____

NUMBER OF FOOD AND DRINK VENDOR SPACES AT \$250.00 EACH _____ ELECTRICITY \$5 _____

NUMBER OF CRAFT & FLEA MARKET SPACES AT \$100.00 EACH _____ ELECTRICITY \$5 _____

COMMENTS/QUESTIONS _____

I release the Robert Johnson Blues Foundation of any and all liability of any type of accidents, security, weather conditions or injuries of any and all type. All sales tax ***must*** be reported and turned in to a Robert Johnson Blues Foundation representative at the event no later than 8 p.m. This is a requirement by the Mississippi State Tax Commission. Anyone that does not comply will be reported to the State of Mississippi. Thank You.

Signature: _____