



SELECTION SHEET

**FESTIVAL
CODE #**

NUMBER OF SPACES

**TOTAL
SPACES**

**TOTAL
PRICE**

		TOGETHER	SEPARATE		
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TOTAL # OF SPACES: ( _____ )

TOTAL PRICE: (\$ _____ )

Complete this page and Fax, Mail or Email with your Money Order or Credit Card info to: *Mardi Gras Productions*

225 Broadway, Suite 1202  
N.Y. NY 10007

Fax # (212) 809-7345

Email: [mardigras@nycstreetfairs.com](mailto:mardigras@nycstreetfairs.com)

Enter your *Mardi Gras* member # _____

Name: _____ Contact #: _____

Credit Card #: _____ — — — Exp. Date: _____

CVV #: _____ Billing Zip Code #: _____ Billing Street Number #: _____

THESE EVENTS WILL TAKE PLACE RAIN OR SHINE AND NO REFUNDS OR CHANGES CAN BE MADE FOR ANY REASON.

A FEE WILL BE ADDED TO ALL CREDIT CARD / DEBIT CARD SALES. NON-FOOD=\$5.00 PER SPACE. FOOD=\$10.00 PER SPACE.

SIGNATURE: _____



# Mardi Gras Productions

225 Broadway, Suite #1202  
New York, N.Y. 10007  
Phone: (212) 809-4900

## Credit Card / Debit Card Authorization Form

PLEASE COMPLETE THIS AND RETURN TO US.  
ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Member ID#: _____

Cardholder Name: _____

Billing Address: _____  
_____

Card Number: _____

Expiration Date: _____ / _____ CVV Code: _____

Email Address: _____

I authorize *Mardi Gras Productions* to charge my credit card/debit card provided herein.  
I understand and agree all events will take place rain or shine and **no refunds** or changes will be made for any reason.  
I understand and agree **all sales are final**.  
I will not dispute any charges with my credit card company.  
If there is an issue with a charge, I will discuss it with *Mardi Gras Productions* to resolve it.  
I understand that a dispute causes hours of time which costs money and agree to pay *Mardi Gras Productions* a fee of \$200.00 for any dispute made by Cardholder.  
M.G.F.P. may change dates and/or locations when it is so mandated by The City of New York.  
I understand and agree with the M.G.F.P. "CREDIT CARD CANCELLATION POLICY" that absolutely **no refunds** or **credits** will be issued at any time, for any reason.  
I acknowledge that I am a member of M.G.F.P. Vendor organization and that participation at M.G.F.P. events are restricted to members only and not open to the general public.  
I read and do accept and will abide by the M.G.F.P. Festival Policy (a copy is posted at the offices of M.G.F.P. or can be obtained by mail or fax upon request).

**Cardholder** - Print Name, Sign and Date Below if you agree to the **No Refund** policy above.

Name of Cardholder: _____

Signature: _____

Date: _____

Once signed, email the completed form to:

*Mardi Gras Productions*  
**mardigras@nycstreetfairs.com**