

Arts & Crafts Show Vendor Application/Contract



UBI* _____ - _____ - _____ (9 Digits Only)

Company Name: _____

Contact First Name: _____ Last Name: _____

Phone #1: _____ Phone #2: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Website Address: _____

Products Description - – Same as Last Year

Category Code: _____ Description: _____

Category Code: _____ Description: _____

| <input type="checkbox"/> Booth Space Request | | |
|--|--|--|
| <input type="checkbox"/> Same booth as last year | | |
| Electricity (\$35) | | |
| Standard 12' x 12' (\$150) | | |
| Double 24' x 12' (\$275) | | |
| Corner 12' x 12' (\$250) | | |
| TOTAL | | |

*Sharing Booth with:

Name: _____

Phone #: _____

Email: _____

Application/Contract Agreement And Liability Waiver

I hereby certify that the information contained in this application is true and correct.

I have read and agree to all of the terms and conditions included in the Chataqua 2012 Application Guidelines and Exhibitor Regulations brochure and understand that failure to comply may result in the closure of my booth and forfeiture of any fees paid.

Further, I **RELEASE, WAIVE, DISCHARGE, AND CONVEY** NO TO SUE the City of Chewelah, Chewelah Chataqua, Community Celebrations, the promoters, other participants, operators, officials, and any persons at the event)collectively referred to as “releasees”) from all liability to myself, my personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands thereof on account of injury to my person or property or resulting in my death, whether caused by the negligence or otherwise while I am participating in the event.

I **AGREE TO INDEMNIFY AND HOLD HARMLESS** the above releases from any loss, liability, damage, or cost they may incur due to my presence at this event whether caused by their negligence or otherwise.

I **ASSUME FULL RESPONSIBILITY FO AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releases or otherwise while participating in the event.

Signature _____ Date: _____

Signature _____ Date: _____

Enclose a check for \$25, payable to Community Celebrations, as a non-refundable processing fee that will be counted against your booth fee if you are chosen as an exhibitor, but ONLY if applying prior to April 1, 2012. If applying after April 1, 2012, full booth fee must be enclosed with application.

Mail the check and application to: Community Celebrations, P.O. Box 501, Chewelah, WA 99109
Email product and booth photos to: chataquavendors@gmail.com