

Tree City Fall Festival

2019 Vendor Application

September 20-21, 2019



Company: _____

Contact(s): _____

Address: _____

City: _____ State: _____ Zip: _____

1st Contact Phone: _____ 2nd Contact Phone: _____

Email: _____

***All correspondence will be sent via email.**

Facebook Page: _____

Please check which category applies to you and your product:

- _____ Direct Sales (Pampered Chef, Perfectly Posh, Scentsy, Thirty-One, etc.)
- _____ Handmade Arts & Crafts (Please include pictures of your items with app.)
- _____ Non-Profit Organization (Tent Needed: _____ Yes _____ No)
- _____ For-Profit Organization
- _____ Food Vendor

*Direct sales booths will be limited to 10 spots this year. Once filled, additional applications will be put on a waiting list. Should space become available, you will be contacted by September 1.

- _____ \$25 for non-profit Arts, Craft, and Food Vendors 10×10 space (tent)
- _____ \$50 for-profit Arts, Craft, Food, and Direct Sales Vendors 10×10 space (tent)
- _____ \$100 for Commercial Food Vendors in a 10×10 space.
- _____ \$100 for each additional Commercial Food Vendor 10x10 space.
- _____ \$25 for electricity hook up. No extension cords will be provided.

Please include your electrical needs on your application!

_____ **TOTAL ENCLOSED FOR VENDOR FEES**

Checks and Money Orders should be made payable to Tree City Fall Festival, Inc.

Mail to:

Tree City Fall Festival
c/o Vendor Applications
PO Box 318
Greensburg, IN 47240

There will be a \$25 charge for any returned checks.

THIS PAGE MUST BE COMPLETED IN FULL AND SIGNED, OR IT WILL BE RETURNED.

By signing the vendor application, I understand that if weather conditions become severe, I accept full responsibility for myself, my employees, and/or workers. I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against the Tree City Fall Festival, Inc, dba Tree City Fall Festival and/or the City of Greensburg, and all other parties and their representatives, successors, sponsors, and assignees for any and all injuries and all claims of damages, demands, and actions whatsoever which may arise as a result of participation in this festival. I hereby grant full permission to any and all foregoing to use photographs, videotapes, or motion pictures of this festival for any purpose related to the festival, future festivals, or beneficiary of sponsor.

In the event that any of the items that I sell cause harm to purchaser or any other person, I accept full responsibility for any injuries, or damages and will hold harmless the Tree City Fall Festival, Inc, dba Tree City Fall Festival and/or the City of Greensburg, and all other parties and their representatives, successors, sponsors, and assignees.

I understand that booth fees are non-refundable and non-transferrable. I understand that cancellation or inclement weather DOES NOT and WILL NOT constitute a refund.

Printed Name: _____

Business Name: _____

Signature: _____ Date: _____

This must be signed and returned with your application.

All checks will be deposited upon receipt and a receipt will be mailed to you. If the committee does not accept your application, you will receive a letter and a check will be refunded to you by September 1. A minimum of one (1) week before the Festival, you will receive your booth assignment and a map. In the event we have any last-minute changes, YOU MUST CHECK IN at your assigned time on Festival Weekend prior to set-up. The Tree City Fall Festival Committee reserves the right to reject any application.

The Tree City Fall Festival does not provide security for Festival Weekend. There is a police officer on-site from 10 PM Friday to 8 AM Saturday. However, the Tree City Fall Festival is not responsible for lost, stolen, or damaged property.

Should you have any questions, you may contact the Festival Office in-writing at PO Box 318, Greensburg, IN 47240.

For Festival Use Only

Date Application Received: _____ Vendor Accepted: _____ Vendor Declined: _____

Declined Letter Sent Date: _____ 2019 Booth Number: _____

Vendor Category: _____ No of Booths: _____

Paid: Yes / No Amount: _____ Check #: _____