

FALL FESTIVAL Vendor Contract

LOCATION _____ BOOTH # _____ (NSCC use only)

5thth ANNUAL NORTH SALEM CHRISTIAN CHURCH FALL FESTIVAL Saturday, October 7th
Booth hours: 1pm -6pm

Please print. All information must be filled out completely.

Exhibitor Name(s): _____

Exhibitors Name of Business if applicable: _____

Cell # _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Description of product selling: _____

10 x 10 outside booth Limited Electricity \$15:00 x _____ = \$_____ (Electricity is limited or may not be available in some areas.)

10 x 10 indoor booth Electricity Available \$20.00 x _____ = \$_____

Must provide own extension cords. Please provide own tables and chairs. (If needed Tables can be provided for \$5 per table on a first come first serve basis)

Food Vendors. We will be accepting 3 food/beverage vendors. All food vendors are responsible for their own food permit from the Hendricks Co. Health Department with the exception of not-for-profit organizations. Permits must be applied for in advance.

Food Vendor Cost \$15.00 Trailer _____ Tent _____ Trailer/Tent size _____

Description of food sold _____

We, the exhibitor, have read and agree to conditions stated in the contract and do issue full payment in the amount of \$_____ made payable to NSCC. No refunds due to weather conditions. NO RAIN DATES.

Signature: _____

NSCC USE ONLY: Date received: __/__/__ Check: _____ PayPal _____ Cash _____

PLEASE MAIL CONTRACT TO: NSCC Attention: Fall Festival, Po Box 65 North Salem, In 46165
or Email to NSCCFallFestival@gmail.com