

ANNUAL STRAWBERRY FESTIVAL

JUNE 16 - 20, 2010

VENDOR APPLICATION

COMMUNITY HOMECOMING PARK

7807 ANGOLA RD. P.O. BOX 274 HOLLAND, OH 43528

west of McCord Rd., east of Albon Rd.

419.867.1532

ALLOWED	arts & crafts	FESTIVAL	Wed., Thurs.	4 p.m. - 11 p.m.
EXIBITORS	flea market (buy/sell)	HOURS	Friday	4 p.m. - 12 a.m.
	commercial field		Saturday	Noon - 12 a.m.
	non-profit field		Sunday	Noon - 10 p.m.

BOOTH	10' x 10'	\$125	Wednesday thru Sunday
RENTAL	10' x 20'	\$250	Wednesday thru Sunday
	10' x 10'	\$45	Saturday OR Sunday



NAME	VENDOR LICENSE#
ADDRESS	PHONE
CITY/STATE/ZIP	EMAIL

<input checked="" type="checkbox"/> <input type="checkbox"/> arts & crafts <input type="checkbox"/> flea market (buy/sell) <input type="checkbox"/> commercial field <input type="checkbox"/> non-profit field <input type="checkbox"/> <u>ELECTRICITY</u> required	Please describe in detail your product or craft:
BOOTH SIZE _____ # of BOOTHS _____	SETUP TUESDAY 8 a.m.-8 p.m. & WEDNESDAY. 8 a.m.- noon NO REFUNDS issued for any reason. Festival will occur regardless of weather conditions.

Special request: _____

I, the undersigned, hereby release and agree to hold harmless Community Homecoming Corp, Springfield Township, its' committees, successors, assigns, or personal representatives from any damage to the undersigns property or any personal injury which he/she or helpers may sustain while participating in the 73rd Annual Strawberry Festival held Wednesday, June 16 throu Sunday, June 20, 2010. Neither Community Homecoming Corp. or Springfield Township carries insurance to cover the undersigns personal property. As an independent contractor, you are advised to obtain your own insurance.

Applicant Signature _____	Print Name _____
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Please mail completed application and amount due to the address above.
 (Minimum 50% is due on June 16 and remaining balance is due June 19)

FOR OFFICE USE ONLY

Date received _____ Ck # _____ Amt. paid _____