Trinity United Methodist Church



Second Annual Pumpkin Patch Festival

Saturday, October 5th from 10am-4pm

Vendor Application form-(Juried and First Come First Serve)

(Please type or print)

Name or Business			
Address	City	St	Zip
Person in Charge during event	Cell Phone #		
Email	Alt. Phone #		
Items to be sold-description if nee	ded		
Liability Insurance Carrier	Policy #		
(Insurance is not required- it is for your own pr	rotection should y	ou incur a loss or da	mage)
Ma Tax ID #	or SS#_		
This event is Saturday, occur rain or shine-o			
Any questions, please conta	ct Fred Lewis <u>(</u>	Fred.lewis393@c	<u>gmail.com</u>) or 205-335-4188
The pricing for Vendors is as fo		to provide own table eak down)	es/ tents, etc. and responsible for setup
	10'x10' spac	e - \$50 per site	
	Food tru	ucks- \$100	
Checks should be made ou	ut to: Trinity U	Jnited Methodist	Church c/o Pumpkin Patch
	****Agre	eement****	
<u>I agree</u> to abide by th	ne rules set forth	by Trinity UMC and t	he Festival Committee
<u>I agree</u> to hold harmless Trinity UMC, their agents, employees, or anyone related to the church from all claims, damages, loss and expenses including attorney's fees stemming from my agreement to take part in this event			
<u>I agree</u> to assume full responsibility for my a		e, as well as, for all r ehalf	my agents and employees participating on my
<u>I agree</u> to accep	ot the space alloca	ation made by the Fe	stival Committee
<u>I agree</u> that no refunds will be made by the Fe of		or any reason, includi routside circumstanc	

Failure to sign and return this agreement along with payment by August 31st will result in forfeiture of your space for the event

Signature of Responsible Party____