

AUTUMN ON PARADE FESTIVAL VENDOR CONTRACT

Return to: AUTUMN ON PARADE, P.O. Box 234, Oregon, IL 61061

815-732-3465 • www.autumnonparade.org

(This Contract Supercedes All Other Contract Forms)

I, _____ residing at (Complete Mailing Address) _____ City _____ State _____ Zip _____ Home Phone () _____ Work Phone () _____ E-mail address _____

do hereby affirm that I am the principal user and owner of the booth space being reserved and that I am the producer/owner of products being offered for sale in the AUTUMN ON PARADE Farmer's Market.

I agree to abide by the Policies and Procedures set forth by the AUTUMN ON PARADE Committee. I understand that failure to comply with these policies and procedures may result in the committee refusing me the right to participate in future events and may result in removal of items from the exhibit area by the Committee or its representatives.

I hereby agree to pay a non-refundable fee of \$125 in-county/\$175 out-of-county for rental of each booth space in the Farmer's Market area. I understand that in order to ensure my booth space is reserved and retained for the following year's festival, I can make the payment in full per booth space prior to NOVEMBER 15 of the current year. I also understand that failure to pay the full amount by November 15 will result in loss of the reserved booth space. In that case, I understand that should I wish to participate I must compete for a new location.

I also agree to hold harmless the AUTUMN ON PARADE Committee and Board of Directors or designated representatives of the organization, the City of Oregon and its representatives and the Officials and Representatives of Ogle County for any losses, injury, or damages that may occur as a result of participation in this event.

Make Check Payable to: Autumn on Parade

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

OF BOOTH SPACES RESERVED _____ BOOTH SPACE #'s _____

1st YEAR OF PARTICIPATION _____ # YEARS OF CONTINUOUS PARTICIPATION _____

Please give a brief description of items to be featured in your booth: _____

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Spaces Assigned _____ Advance Payment: Cash _____ Check # _____ M.O. # _____

Special Instructions _____

In County Vendor Fee _____ Out of County Vendor Fee _____

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