

Spirit of Monticello Festival

P.O. Box 362

Monticello, IN, 47960

[www.spiritofmonticello.org](http://www.spiritofmonticello.org)

**CRAFT VENDOR APPLICATION 2020**

Exhibits and booths will be open to the public on Friday June 19th from 5:00-9:00 PM and Saturday June 20th from 9:00AM- 8:00PM (with the option to stay open longer since Festival music continues to midnight). Vendors are expected to have their items setup during the time periods listed for both days.

 **\*Circle your booth space requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor** | **Size/Cost**(without electricity) | **Cost**(with electricity) | **Water** |
| Craft Exhibitor\*\* | 10’ x 12’ = $60 | 120v / 20AMP = $85 | N/A |
| 10’ x 20’ = $85 | 120v / 20AMP = $110 | N/A |
| Nonprofit Exhibitor\*\* | 10’ x 12’ = $45 | 120v / 20AMP = $60 | N/A |
| 10’ x 20’ = $60 | 120v / 20AMP = $85 | N/A |

\*\*Vendors need to provide their own 100’ extension cord in order to reach nearest power source. ONLY two cords per booth will be allowed. Extra cords will be charged an additional fee of *$10.00 per 10AMPS.*

Water is available in the Food Court only. Vendor must provide own hose.

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe merchandise or activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**May 22nd, 2020 is the deadline to submit your application, fees, and certificates of insurance.**

HOLD HARMLESS CONTRACT AGREEMENT: I understand the *Spirit of Monticello Festival* does NOT provide 24 hour security for participating vendors. I will assume responsibility for my own exhibit and agree to relieve the Spirit of Monticello Festival of liability for any damages beyond due care, including claims for loss, damage or injury. I understand I am responsible for insurance on my merchandise and equipment at my own expense. I understand this is to include public liability.

I (we) agree to abide by the general rules set forth and assume responsibility for installing my (our) booth. Please accept this as an indication of our intent to exhibit at this year’s Spirit of Monticello Festival.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please sign both applications - Return one copy and Keep one copy for your records.**
* **Make checks payable to the Spirit of Monticello Festival**
* **MAIL**: Check, signed copy of the application, and copy of insurance (if required) to:

**Spirit of Monticello Festival**

**P.O. Box 362**

**Monticello, IN, 47960**

For questions or additional information, please contact:

Sherry Stirling 574-870-2354 or

Darin Griesey, Festival Chairman 317-430-7297

***Office Use Only:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received vendor fee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate of Insurance on file

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ White County Health Dept .Certificate (to be on file w/WCHD)