



Spirit of Monticello Festival

P.O. Box 362

Monticello, IN, 47960

www.spiritofmonticello.org

CRAFT VENDOR APPLICATION 2024

Exhibits and booths will be open to the public on Friday June 21st from 5:00-9:00 PM and Saturday June 22nd 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 31, 2024 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
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Monticello, IN, 47960**

For questions or additional information, please contact:
Jennifer Long 574-808-9853

Office Use Only:

_____ Received vendor fee
_____ Certificate of Insurance on file
_____ White County Health Dept .Certificate (to be on file w/WCHD)