

2019 MAKE-A-WISH BLUEGRASS FESTIVAL

Vendor Application

Business Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-Mail Address _____

Website URL (if you have one) _____

Sales Tax ID# _____

For all questions concerning your sales tax ID or if you need to apply for an ID#, go to www.revenue.state.pa.us.

Please check: _____ Craft/Business \$10 _____ Food Vendor \$50 _____

Type of Booth (# of tables/tents): _____ Trailer _____ Approximate Size: _____

All vendors pay the flat fee for their category. Number of spaces required is necessary for assigning booth spaces.

**Electric hook-up is available for food vendors ONLY. _____ # of hook-ups required _____ 110 V
_____ 220 V (\$20 per hook-up). QUIET GENERATORS PERMITTED.**

Detailed description of menu/items being sold : _____

GENERAL RELEASE AND ACCEPTANCE OF RULES AND REGULATIONS: Exhibitor releases and holds harmless the facility that is being used, sponsors, owners, managers, merchants association, agents, volunteers, servants and employees of Make-A-Wish Foundation, the borough of Cresson, and the county of Cambria from all responsibility, personal liability, loss or damage, theft, fire, loss of life, personal injury and/or damage to property that may arise or occur to exhibitor, his employees, agents, servants, associates, goods, property or public and from any conditions whatsoever that may arise while the premises are in use, during event hours or when closed after event hours. The committee reserves the right to accept or reject any applications. We reserve the right to remove exhibitor and exhibits if agreements or rules are not complied with and whose conduct is not acceptable. Misrepresentation on part of exhibitor in any form will result in cancellation of space and total loss of fee. Entry constitutes an agreement that exhibitor and his representative take no legal action against any of the above. By signing below, I hereby grant my consent to use my photograph, whether still or in motion, for use in editorial, promotion, business, or any other purpose. This agreement entered into, in accordance with the laws of the Commonwealth of Pennsylvania.

Signature of Exhibitor _____ Date _____

Make check payable to: Bluegrass Festival for Wishes . Return application and payment by August 1, 2019 to:

Michelle Houser
127 Mallard Lane
Duncansville, PA 16635

**REGISTRATION FORM MUST BE COMPLETED
IN ITS ENTIRETY TO BE PROCESSED**