



APPLICATION

Saturday, March 16, 2019, 10am – 4pm

GENERAL RULES AND INFORMATION

- Exhibitors must provide their own display equipment, including tables, chairs, cloths, backdrops, etc.
- 70+ spaces, approximately 8x8 spaces available for \$40
- Spaces with electricity are limited and will be available on a first-applied basis. Extension cords are not provided. An additional fee of \$5.00 is required for electric.
- Vendors handle their own sales, including tax collection, and should obtain their own Maryland Retail Sales Tax License.
- Set up is Saturday 7 - 9 am. Volunteers will be on hand to help. Break down is 4 - 5pm.

Exhibitor(s) Name _____

Business Name _____

Mailing Address _____

Best Phone _____ E-mail _____

Website _____

Description of Items to be sold: _____

*We reserve the right to refuse exhibition of duplicate or inappropriate items for a school show.

_____ # spaces (limit 2) \$40 each Request electricity: Yes _____ No _____ (\$5 fee per space)

Special Requests/Notes? _____

SILENT AUCTION/RAFFLE: As a fundraiser for the Viking Backers Booster Club, we would appreciate vendors donating an item to be used in a silent auction or raffle during the event. I will _____ will not _____ be donating an item.

Description/Value of item: _____

By signing below you agree to hold harmless Mt. Hebron High School, the State and County School System, the Viking Backers Booster Club, all volunteers, workers or any person, authority or sponsor of this event for any claims, liabilities, demands, damage, loss, cost and expense of any kind arising out of my participation in this event. I agree to the terms and conditions in this Registration form. (Must be 18 years of age or older to sign this application.)

Signature: _____ Print name: _____ Date: _____

MAIL Signed Registration Form and Check payable to "VIKING BACKERS" to PO Box 775, Ellicott City, MD 21041

QUESTIONS? www.vikingbackers.org or CONTACT Lisa Scarbath at LScarbath@gmail.com

Internal Use Only: Applicant: _____ Assigned Booth(s) # _____

Received Date _____ Check# _____ Amount _____ Electricity _____