

DePasquale Enterprises, LLC

ARTISANAL FAIRS

Fine Art Crafts Gifts Gourmet Foods

PO Box 278, Selden, NY 11784

Tel. 631 846 1459 Fax. 631 285 1511

www.depasmarket.com cathy@depasmarket.com

For Office Use Only

Date Rec	Ck #	Amt.

Fall Application 2020

Sunday Sept 19

Fall Outdoor

Selden Craft & Gift Fair

10am - 4pm

Outdoors (Rain or Shine)

Newfield High School

Marshall Drive, Selden

10' x 10' spaces in parking lot () \$150

October 16

Christmas in October

Village Craft Fair

All Crafts Only

Smithtown Historical Society

East Main Street, Smithtown, NY

10am - 4pm

Outdoors (rain date Oct 23)

10' x 10' spaces on grass () \$175

Pay at show if space allows () \$200 CASH ONLY

Saturday Nov 13

East Islip Holiday

Craft & Gift Fair

East Islip High School

1 Redmen Street, Islip Terrace, NY 11752

District Office Parking Lot

10am - 4pm

OUTDOORS

(Rain date Sunday Nov 14)

All Spaces 18' x 18' on blacktop

Vehicle stays in space

(keep setup to a 10' x 10' tent allowing for adequate distance between vendors.)

Craft Vendors () \$150

Gift Vendors () \$175

Pay at show if space allows () \$200 CASH ONLY

Sat & Sun Nov 20 & 21

Hauppauge Holiday Fair

Craft & Gift Fair

Hauppauge High School

500 Lincoln Blvd, Hauppauge, NY 11788

10am - 4pm

INDOORS

All Spaces 10' x 10'

Craft Vendors () \$250

Gift Vendors () \$300

Pay at show if space allows () \$350 CASH ONLY

PRINT CLEARLY

Name _____

Business Name _____

Address _____

City _____

State _____

Zip _____

Tel _____

Cell _____

Fax _____

Tax ID _____

Email _____

Website _____

Vehicle make/model

& plate # _____

() Fine Art () Photography () Mixed Media () Crafts

() Gifts/new

What percentage of your items are hand-made? _____

Describe all items to be sold (use reverse side if needed)

Enclose payment with application.

All Checks payable to: DePasquale Enterprises, LLC

Mail: PO Box 278, Selden, NY 11784 Or **Fax 631 285 1511**

Add \$7.50 per event if using credit card.

Credit Card# _____

Exp date _____

Security Code _____

Amount to be charged: _____

Billing Address
if different _____

Signature of
cardholder _____

Check/ Money order total enclosed _____

- Set-up time 8am, unless otherwise directed.
- Set-up info (including special covid-19 logistical precautions) emailed prior to event.
- 100% refund if cancelled by covid-19 restrictions

Sign the form below and return with application

DePasquale Enterprises, LLC

ARTISANAL FAIRS

Fine Art Crafts Gifts Gourmet Foods

PO Box 278, Selden, NY 11784

Tel. 631 846 1459 Fax. 631 285 1511

www.depasmarket.com cathy@depasmarket.com

This form must be signed and returned with application.

TERMS OF EXHIBITION

Maintain social distancing.

Must Wear Mask.

Provide your own tables, chairs, displays, tents, etc.

No space reserved without signed application and full payment.

No checks accepted within 14 days of the fair.

All spaces preassigned and given upon arrival.

All items sold must be listed and approved by management.

We reserve the right to accept or refuse exhibitor participation

We reserve the right to remove items from booth that are not listed.

Handbags, other than hand crafted, are prohibited.

No firearms, knives, drug paraphernalia, obscene, illegal items.

Vendors with inappropriate items will be asked to leave with no refund.

Merchandise must be priced and honestly represented.

In case of show cancellation due to weather (no refunds) (East Islip has raindate).

Absolutely no packing prior to close of the fair

Assigned space will not be held for exhibitors arriving after 9:30am.

All vehicles may be parked behind your booth.

The use of generators is strictly prohibited without prior approval.

All exhibitors are responsible for leaving their area clean.

All trash must be brought to the dumpster prior to leaving.

Vehicles may not move on field until close of show.

All vendors must vacate premises by 6:00pm.

All vendors must sign the Release Form.

REFUNDS [100% if cancelled by covid-19 restrictions]

RELEASE FORM for all 2020 Events

In consideration of the sum set forth above and the mutual obligations of the above parties involved in afore listed events (hereinafter "the Events"), I, the undersigned, on behalf of myself and any corporate entity which I represent for its participation in the Events, if any, and on behalf of all of my and/or the corporation's employees, agents and volunteers who are participating in the Events, or are otherwise present for the Events, with the intention of binding myself and all others listed above, hereby release, indemnify, discharge, defend and save and hold harmless DePasquale Enterprises LLC, the sponsoring group, school district or owner of the premises and all other Events sponsors, and their agents, respective officers, directors and employees (hereinafter collectively referred to as "Sponsors"), from any liability, claims, losses, demands, actions, fines, expenses, costs, judgments, all foreseeable and unforeseeable damages whatsoever, whether for personal injury or property damage arising during the Events or as a result of or due to participation in the Events including exposure/contraction of covid-19. The undersigned, being fully aware of the risks and hazards inherent in participating in the Events, hereby voluntarily elects to engage in such activity and assumes all risk of loss, damage, or injury to person or damage to property, while engaged in such activity, including exposure/contraction of covid-19. This release shall be binding on the distributes, next of kin, heirs, personal representative and administrators of the undersigned or those of any individual who the undersigned is signing on behalf. The undersigned irrevocably grants to sponsors the right to use his/her likeness, identifying logo or trademark in photographs, film or video for promotional use in any and all media. By signing this release, the undersigned hereby acknowledges and represents that he/she is of sound mind, has read this release and the Terms of Exhibition, understands it and signs it voluntarily. Additionally, if he/she is signing on behalf of a corporation or any other entity, the undersigned represents that he/she has authorization to sign on behalf of such entity.

Signature: _____

Date: _____

Print Name: _____