



**ELKTON**  
**FALL FEST '10**  
 Saturday, September 18, 2010  
 Crafter/Vendor Registration Form

\*Rain or Shine\*

www.elktonfallfest.com

Deadline July 30, Forms postmarked later will incur a \$25 late fee

Business Name

**Point of Contact**

First Name

M.I. Last Name



Mailing Address

City

State

Zip Code

Phone

Fax

Email Address:

**All Vendor Spaces are 10 x 10. Vendors must supply their own tables, chairs, canopies, and etc.**

CRAFTERS/VENDORS			FOOD VENDORS			TOTAL SPACES	
<input type="checkbox"/> Non-Profit 501c3 (Cecil County Only)	Before July 30 <b>\$50</b>	After July 30 <b>\$75</b>	<input type="checkbox"/> Non-Profit Food Vendor (Cecil County Only)	Before July 30 <b>\$150</b>	After July 30 <b>\$175</b>	Qty	Crafter/Vendor \$
<input type="checkbox"/> Crafters, Vendors, & other Non-Profits	<b>\$100</b>	<b>\$125</b>	<input type="checkbox"/> Commercial Food Vendor	<b>\$300</b>	<b>\$325</b>	Qty	Food Vendor \$
<input type="checkbox"/> Political Campaigns	<b>\$125</b>	<b>\$150</b>	<input type="checkbox"/> Prime Food Vendor Spots <b>Only 2 available, next to the stage. Call for availability, 410-398-5076</b>	<b>\$375</b>	<b>\$400</b>	TOTAL \$	
<input type="checkbox"/> Main Street Merchants - No Charge			<input type="checkbox"/> Add the Friday Night Kick-Off Party (Food Vendor Only)	<b>\$100</b>			

Items to be **SOLD** or **GIVEN AWAY**. Food vendors must list ALL items being sold. (continue on an additional sheet, if needed)

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**PAYMENT INFORMATION**

Payment type: Cash    Check    Visa    MasterCard

          

Mail/Make Payment to:



Elkton Alliance Inc.,  
101 East Main Street,  
Elkton, MD 21921

Card Number

-  -  -

Expiration Date:

Month  / Year

Signature \_\_\_\_\_

Print \_\_\_\_\_

I have read, understood, and accepted the terms and conditions on this form and the accompanied documents and indicate so by signing this form below. I, the registrant, agree that I will abide by the rules of the Elkton Alliance, Inc. I agree to accept responsibility for the conduct of all persons assisting with my booth/display at the Fall Fest. I understand that there is a risk of personal injury associated with the activities and events of Fall Fest. I agree that my participation in these events is at my sole risk, and that the Elkton Alliance, Inc. and the employees, officers, directors, agents, successors, and assigns of each of these named groups will not be held liable to me for any claims, demands, actions, or damages for bodily injury or property damage arising out of or in connection with the event. In consideration of Elkton Alliance, Inc. accepting my reservation for this event, on behalf of myself, my heirs and assigns, I hereby release, discharge, indemnify and hold harmless the sponsors from all claims, demands, injuries, damages, and causes of action, and from all acts of active or passive negligence on the part of the sponsors.

Name \_\_\_\_\_ Signature \_\_\_\_\_