



Hazel Celebration 2009

Friday & Saturday
October 2 - 3, 2009

9:00 a.m. to 6:00 p.m.

Vendor Application

Business _____
Contact _____
Address _____
City _____

Phone _____
Phone 2 _____
E-mail _____
State _____ Zip _____

Please check	Types of Booths Available	Friday & Saturday	Saturday ONLY
_____	Food Vendor no electricity:	\$100	\$75
_____	Food Vendor with electricity:	\$125	\$100
_____	Other Vendor no electricity:	\$30	\$20
_____	Other vendor with electricity:	\$45	\$35

All Booths are 15 feet by 15 feet.

Number of spaces needed: _____ Amount Enclosed: _____

Description of items being sold; displayed or distributed _____

You must provide your own tables, chairs, canopies, etc. **If you are requesting a booth with electricity, you must provide a power strip and a minimum 100 foot extension cord.** Food vendors must meet all Health Department Requirements. If you have any questions about Health Department Requirements, please contact the Calloway County Health Department at 270-753-3381. Pre-paid vendor fees are non-refundable.

Please make your check payable to Hazel Celebration and mail with this form to:
Hazel Celebration Committee
P.O. Box 321
Hazel, KY 42049

***If you have any questions,
please contact Tina Ward at
270-492-8197 or
tinaward@wk.net***

Vendor agrees to indemnify and hold harmless the Hazel Celebration Committee any and all Sponsors, their agents, assigns, and employees from and against all claims, damages, lawsuits, and expenses arising out of participating in the above event, including loss of use and any and all other claims in law or in equity, caused in whole or in part by the negligent acts or failure to act of the Vendor, his agents, assigns, employees, contractors, sub-contractors, or anyone employed by them against any losses that may incur in prosecuting or defending such claims in the event legal representation is required as a result of such claims.

Signature for Vendor

Date