

Hazel Celebration

1st Saturday in October

Saturday, October 2, 2010

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

Vendor Application

Business _____

Phone _____

Contact _____

Phone 2 _____

Address _____

E-mail _____

City _____

State _____ Zip _____

Please check	Types of Booths Available	Fee
_____	Food Vendor no electricity:	\$ 75
_____	Food Vendor with electricity:	\$ 100
_____	Other Vendor no electricity:	\$ 20
_____	Other vendor with electricity:	\$ 35

Food Vendors should stay open until 6:00 p.m. If you have any special requests, please contact Hillis Farris as soon as possible.

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.** You may set up your booth on Friday, October 1, however no security will be provided. 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 mail your check made payable to Hazel Celebration along with this form to:

**Hazel Celebration Committee
P.O. Box 321
Hazel, KY 42049**

If you have any questions, please call Hillis Farris at 270-492-6303.

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