

2010 VENDOR/CRAFT APPLICATION



Name: _____

Business Name _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone number: _____ Evening phone number: _____

Cell phone number: _____ E-Mail address _____

Please describe the items that you will have in your booth

Number of booths _____ x \$100 = _____

Electric \$25.00 _____

Total fee enclosed: _____ Date Submitted: _____

Please include a copy of your Insurance Certificate & photograph.

Only certified bank checks or money orders are accepted. Questions may be directed to the Wakarusa Chamber of Commerce at 574-862-4344. Make checks or money orders payable to: **Wakarusa Chamber of Commerce.**

Send to: Wakarusa Chamber of Commerce
Maple Syrup Festival
P.O. Box 291
Wakarusa, IN 46573

We appreciate your participation and look forward to seeing you in April 2010! The Wakarusa Chamber of Commerce sponsors the festival. To contact the chamber, call (574) 862-4344 or e-mail chamber@wakarusachamber.com.

The Wakarusa Chamber of Commerce will not be held responsible for any damages, theft, or injury to any person or persons attending, buying or selling at this event. The above listed vendor agrees to indemnify, defend, hold harmless, and reimburse the Wakarusa Chamber of commerce and any officer, director, agent, or employee of the Wakarusa Chamber of Commerce from and for any damages, liabilities, or fees, including without limitation attorneys' fees, incurred by any of the above listed indemnified persons in connection with the above listed vendor's operation of any of the above requested booths."

For office use only

Booth # _____ Date Paid _____

Completed by: _____