

SUNFLOWER FAIR 2012

Saturday, Sept. 15th – 8:00 am-4:00 pm, (CDT)

Downtown LaPorte

Craft & Miscellaneous Vendor Application

APPLICATIONS DUE SEPTEMBER 1, 2012

Please complete this application in its entirety, sign and return with registration fee of \$40.00. Space is limited and will be assigned in the order paid registrations are received. All entry fees are non-refundable. NO RAIN DATE. (10' X 10') vendor booths will line Michigan Av. & side streets from Jefferson Avenue going south to Noble Street. Booth spaces will be marked and ID'd prior to Fair. Mail completed application with payment to: Sunflower Fair Committee, P.O. Box 486, LaPorte, IN 46352.

Name(s): _____

Address: _____ City/State/Zip _____

Phone: _____ E-mail: _____

Your cancelled check will serve as confirmation/approval of booth space assignment. Actual booth assignment & set up instructions will be mailed prior to Fair. VENDOR'S VEHICLES MAY BE PARKED IN ANY LEGAL STREET SPOT OUT OF THE FAIR AREA OR IN THE PARKING LOTS OF LINCOLN SCHOOL AT HARRISON & CLAY. HANDICAP PARKING IS NOT GUARANTEED !

Brief Description of Booth Items:

(Please indicate if your booth will contain commercial line such as Avon, MaryKay, Home Interior, etc.)

NO POWER AVAILABLE

There is no guarantee of exclusivity of your product line. **YOU ARE EXPECTED TO BE PRESENT AND PROVIDE YOUR PRODUCT THE ENTIRE TIME OF THE FAIR. FAIR RUNS 8:00 AM - 4:00 PM.** All exhibitors are responsible for collection of their own sales tax. Exhibitors are responsible for their own booth set up including tables, chairs and display items. **TENTS, CANOPY, SIGNAGE MUST ENTIRELY FIT WITHIN BOOTH SPACE.** Participants agree to release and hold harmless the Sunflower Fair and any of its volunteers from any damages or personal injury to Participant, workers, display and/or merchandise. Participant agrees to comply with these rules and requests made by the Sunflower Fair committee. Person signing below is authorized to execute the release on behalf of Participant. Non-compliance with Fair rules may result in removal by authorities.

Authorized Signature: _____ Date: _____

For further information or to ask any questions, contact Phyllis Jones at 219.362.2084