



52nd AUTUMN ON PARADE FESTIVAL VENDOR CONTRACT

Saturday, Oct 7, 8am-5pm & Sunday, Oct 8, 9am-5pm

Return to: Autumn on Parade, P.O. Box 234, Oregon, IL 61061

815-732-3465 autumnonparadeinfo@gmail.com

www.autumnonparade.org

I _____, BusinessName: _____

Complete Mailing Address: _____ City: _____

State _____ Zip _____ Home Phone (____) _____

Cell Phone (____) _____ E-mail address _____

Website and Social Media Page(s) _____

I do hereby affirm that I am the principal user and owner of the booth space being reserved and that I am the producer/owner of products being offered for sale in the Autumn on Parade Artisan Farmer Market.

***New Entries without website or social media pages** are required to provide photos of product and booth to the committee, mail to the Autumn on Parade office or email them to Tonya at autumnonparadeinfo@gmail.com.

I agree to abide by the Policies and Procedures set forth by the AUTUMN ON PARADE Committee. I understand that failure to comply with these policies and procedures may result in the committee refusing me the right to participate in future events and may result in removal of items from the exhibit area by the Committee or its representatives.

I hereby agree to pay a non-refundable Booth Fee: In Ogle County: \$125.00

Out of Ogle County: \$175.00

I understand that to ensure my booth space is reserved and retained for the following year's festival, I must make the payment in full per booth space prior to NOVEMBER 15 of the current year.

I will be **placed in any space available, and lose the right to past reserved space.** I understand that should I wish to participate I must compete for a new location.

I also agree to hold harmless the AUTUMN ON PARADE Committee and Board of Directors or designated representatives of the organization, the City of Oregon and its representatives and the Officials and Representatives of Ogle County for any losses, injury, or damages that may occur because of participation in this event.

Make Check Payable to: Autumn on Parade

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

OF BOOTH SPACES RESERVED BOOTH _____ SPACE #'s _____

1st YEAR OF PARTICIPATION _____ # YEARS OF CONTINUOUS PARTICIPATION _____

Please give a brief description of items to be featured in your booth: _____

Spaces Assigned _____ Advance Payment: Cash _____ Check # _____ M.O. _____

Special Instructions _____

In County Vendor Fee _____ Out of County Vendor Fee _____

White Copy: Farmers' Market Chair

Yellow Copy: AOP Treasurer

Pink Copy: Vendor Copy