



# 51st AUTUMN ON PARADE FESTIVAL

## VENDOR CONTRACT

### "Fallin' for Oregon"

Saturday, Oct 1, 8am-5pm

Sunday, Oct 2, 9am-5pm

Return to: AUTUMN ON PARADE,

P.O. Box 234, Oregon, IL 61061

815-732-3465 • www.autumnonparade.org

(This Contract Supersedes All Other Contract Forms)

I, \_\_\_\_\_ Business Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Website and Social Media Page(s) \_\_\_\_\_

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 t20cat@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 fee of \$125 in-county / \$175 out-of-county for rental of each booth space in the Artisan / Farmers Market area. I understand that to ensure my booth space is reserved and retained for the following year's festival, I can make the payment in full per booth space prior to NOVEMBER 15 of the current year. IF paid after November 15, 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 \_\_\_\_\_

1<sup>st</sup> 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 \_\_\_\_\_