



Date Received: \_\_\_\_\_ Earthfest Rep: \_\_\_\_\_



# Exhibitor/ Vendor Information

www.vernonearthfest.com

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

Website URL: \_\_\_\_\_

Email: \_\_\_\_\_



Please provide a brief description of the type of products or services you wish to promote or sell & if it's eco-friendly:

\_\_\_\_\_  
\_\_\_\_\_

## Booth/Table Options

<b>Government/Non-Profit Booth</b> If sharing information only & not selling items	\$0
<b>Government/Non-Profit Booth</b> If selling items	\$50.00
<b>Business/Exhibitor/Vendors</b>	\$150.00
<b>Additional Options</b>	
Rent Tables \$20/each    x    #Tables =	\$ _____
Electricity \$25.00	\$ _____
Chairs \$4.00/each    x    #Chairs =	\$ _____

**Total Amount Due:**                      \$ \_\_\_\_\_

### Please Note:

- Booth size is 6' x 8'
- Outside booth 10' x 10' (must supply/bring your own tent)
- Reservations are non-refundable, regardless of inclement weather
- No spaces will be reserved without full payment
- Space is limited- applications will be reviewed on a first-come, first-serve basis
- Booth placement is determined by the event coordinators
- Exhibitors must be set up between 8-10 am and not break down until 4 pm.
- All Exhibitors must follow town fire and health department regulations and apply for permits if needed.

Authorization: As an authorized agent of Exhibitor, my signature attests that I have read, understood, and agree to the Exhibitor and Vendor Guidelines, included with this Application Form. Vendor/Exhibitor/Sponsor agrees to hold harmless Vernon Chamber Charities, its affiliates, subsidiaries, members, directors, officers, and agents from and against any claim, and any Losses associated with Vernon Earthfest.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Applications to Vernon Chamber Charities at: PO BOX 308 VERNON, NJ 07462**

Payment Received by \_\_\_\_\_ check number: \_\_\_\_\_ cash: \_\_\_\_\_ amt: \_\_\_\_\_ date: \_\_\_\_\_