St. Mary School 14th Annual Fall Festival Vendor Agreement October 30, 2021 4:00 PM - 10:00 PM

Please complete all components of this form to secure a vendor space at the St. Mary Fall Festival. The event will be held on Saturday, October 30th from 4-10 PM.

Terms and Conditions:

- No Refunds / No Rain Date
- Spaces are rented on a first come, first serve basis. We reserve the right to limit the number of Direct Sales Vendors and also reserve the right to limit the number of vendors in a particular category (i.e. jewelry)
- The Fall Festival Committee may choose to deny a vendor based on appropriateness of products and duplication of vendors. Vendors may not sell any type of alcoholic beverages of any kind.
- Setup begins at 2:00 pm on October 30th.
- Tables will be outdoors (we recommend you bring a tent).
- \$35.00 fee for single space.
- Electrical access is very limited and will be approved on a first come, first serve basis.
- Vendors are responsible for their own Table up to 6 ft.

Participants are responsible for the set-up and clean up of their tables. Participants cannot impair others booths (i.e. sign or display blockage). Vendors will not be allowed to move booth locations once a booth has been assigned. No exceptions.

Cancellation Policy: Any vendor, who is not paid in full by October 15th, will lose their deposit, and their space will be released. If a vendor cancels after October 15th, they will forfeit their deposit.

Vendors keep all profits from their booths.

St. Mary 14th Annual Fall Festival Vendor Application

| Name: | | | |
|---|-----------------------------------|-----------------|-----------------------|
| Business Name: | | | |
| Mailing Address: | | | |
| City | State | ZIP Code | |
| Telephone: Home | | Mobile | |
| E-mail: | | | |
| Brief description of prod | duct(s): | | |
| | | | |
| Type of products: Other | | | |
| *** Vendors are re | | | |
| "Pick a Prize Raffl are asking each ve "Pick a Prize" Raff value of item to be | endor to donat fle. Please pro | e an item to l | be used in our |
| Description of donation | : | | |
| Vendors will be listed or | n our social media | and announced a | it the fall festival. |

| Please make checks payable to: St. Mary School | |
|--|-----------------|
| I have included a check for the above items for the Fall Festival. | I have read and |
| understand the terms and conditions of the Fall Festival. | |

| Vendor Signature: | | | | | |
|--|--------|---|----|--|--|
| Mail completed form and check or money order to: | | | | | |
| St. Mary School 1152 Seminole Drive Rockledge, FL 32955 Attn: Julie Kellgren | | | | | |
| Fees Included: | | | | | |
| Table Spaces | \$35 x | = | \$ | | |
| Total Enclosed | | = | \$ | | |
| For further information, please visit: https://stmaryrockledge.org/school/14th-annual-fall-festival/ | | | | | |
| Julie Kellgren smsfallfestival@gmail.co | om | | | | |