



## VENDOR COMMITMENT FORM

December 2-December 24, 2016

**Important Vendor Information**— No refunds granted. Payment must accompany your application and spaces are filled on first come basis. Vendors with food, activities and items that reflect the winter holidays are preferred & will receive exclusive rights to one item without other vendor impeding. All spaces are 10' x 10' unless otherwise negotiated and all equipment (tents, tables, garbage cans, etc.) is the sole responsibility of the vendor.

**Vendor/Booth Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Please mark all the apply:**

\_\_\_\_\_ Food Vendor    \_\_\_\_\_ Holiday Vendor    \_\_\_\_\_ Local Arts & Crafts    \_\_\_\_\_ Kids' Holiday activity

\_\_\_\_\_ 1 day vendor (\$35)    \_\_\_\_\_ 3 day/weekend vendor (\$95)    \_\_\_\_\_ 14 day/all festival vendor (\$325)

**Please list all products being sold:** \_\_\_\_\_

**Circle date(s) you wish to vendor:** Dec 2    Dec 3    Dec 4    Dec 9    Dec 10    Dec 11    Dec 16  
Dec 17    Dec 18    Dec 20    Dec 21    Dec 22    Dec 23    Dec 31

**Circle 3 day/weekend you wish to vendor:** Dec 2-4    Dec 9-11    Dec 16-18    Dec 20-23

**Is Electricity Required?** (110 volt plug with max 20 amp service)    \_\_\_\_\_ YES    \_\_\_\_\_ NO

Vendor Fee    \$ \_\_\_\_\_  
Total Enclosed Amount    \$ \_\_\_\_\_

**RETURN COMPLETED FORM/PAYMENT TO:** Hope for North Brevard    416 Pine Street    Titusville, Florida 32796

I understand that payment in full must accompany this application. I further understand that compliance with Health & Tax department requirements will be my responsibility. Further, I release Hope for North Brevard, Inc. and any other person involved with the festival from any claim, demand, suit, or course of action for any damage or injury occurring. I also give permission to a photo release to use an my likeness with or without identification.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: Remember to make a copy of this form for your records.