**2022 Abe Fest Food Vendor Form**

We are pleased to invite you to participate in this year’s Abe Fest being held Friday, July 8th (6:00 pm - 10:30 pm) and Saturday, July 9th (6:00 pm - 10:30 pm). Please review and complete this form and all other required documents and submit with payment to Abe Fest.

**REGISTRATION INFORMATION**

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Cook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facebook Page: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**BOOTH SPACE**

All participants are guaranteed a 12’ x 12’ space with a $200 entry fee. No additional fees apply. Please note, additional 12” x 12” space is $50 per space.

\_\_\_\_\_\_ I will need a 12’ x 12’ space \_\_\_\_\_ I will need the following size \_\_\_\_\_\_\_\_\_\_\_\_

Electric Needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water Needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT & INFORMATION CHECKLIST**

\_\_\_\_\_ $200 Entry Fee / \_\_\_\_\_ Extra Space Fee / \_\_\_\_\_ Menu Form

\_\_\_\_\_ Copy of General Liability Insurance

**TOTAL AMOUNT ENCLOSED:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Check payable to Abe Fest)

**WAIVER of LIABILITY**

In consideration of your acceptance of this entry form, I the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Abe Fest, BOS Center and the City of Springfield and their offices, directors, trustees, employees, insurers, agents, successors and assigns from any and all injuries suffered by me in connection with this event. I further grant permission to Abe Fest, Inc. and/or agents unauthorized by them to use any photographs, videotapes or any other record of this event for any legitimate purpose. No registration fee refunds.

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

**Mail to:** Rick Lamb Cell: 217-871-8718

 204 8th St Email: info@abefestillinois.com

 Lincoln, Illinois 62656

**Menu Form**

Please indicate your menu choices and prices below. Vendors may not sell **bottled water, soda or alcoholic beverages** as Abe Fest will be selling those items.

Menu Item #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $ \_\_\_\_\_\_\_\_\_

Menu Item #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $ \_\_\_\_\_\_\_\_\_

Menu Item #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $ \_\_\_\_\_\_\_\_\_

Menu Item #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $ \_\_\_\_\_\_\_\_\_

Menu Item #5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $ \_\_\_\_\_\_\_\_\_

Menu Item #6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: $ \_\_\_\_\_\_\_\_\_

**YOU ARE RESPONSIBLE FOR CONTACTING THE COUNTY AND CITY FOR ALL NECESSARY PERMITS AND FORMS.**

**Sangamon County Health Department: Alan 217-535-3145**

**City of Springfield: Crystal 217-789-2255**