



FESTIVAL OF FLAGS

"Market in the Park"

Please Print Legibly

Name: _____ Business Name: _____

Address: _____ City: _____ Zip: _____

Cell #: _____ E-mail: _____

Description of items for approval: _____

SATURDAY, JUNE 9TH 10AM - 6PM & SUNDAY, JUNE 10TH NOON - 5PM

Single day vendors please specify Saturday or Sunday

Non-Profit Organizations

\$10/1 day _____ \$15/2 days _____ #Spaces _____ TOTAL _____

Crafters & Vendors:

\$25/1 day _____ \$35/2 days _____ #Spaces _____ TOTAL _____

**DEADLINE FOR
RESERVING YOUR
10' X 10'
SPACE IS FRIDAY
JUNE 1, 2018**

RULES

- Set up time is 8:30am – 10am on Saturday, June 9th and 10:30am – noon on Sunday, June 10th.
- Product approval by Davison Chamber is required.
- Vendors **MUST** have someone representing their space at ALL times. No early take downs or removal of items will be permitted during the hours of the Market in the Park
- Vendors shall display products and materials within their assigned area only. No obstacles are allowed on pedestrian walkways.
- Electricity is VERY LIMITED. Any requests must be made on this form
- All vendors are responsible for the clean-up in your area at the end of Market in the Park.
- Rain or Shine – the market is being held under the Grand Pavilion. Please bring your own tables, chairs, etc.
- **NO OBSCENE MATERIALS ALLOWED * NO REFUNDS * NO EXCEPTIONS!**
- Deadline to reserve your space is 4pm on June 1, 2018 Space is limited and will be assigned on a first come, first serve basis. After the deadline date you must call the chamber office, 810-653-6266, for any space availability.
- The Davison Area Chamber of Commerce is not responsible for any duplication of products, nor do they hold warranties or guarantees on products or services sold from vendors. The Chamber is not responsible for loss, damages or theft.

ARGREEMENT OF COMPLIANCE

I, _____, have read and am fully aware of the Davison Area Chamber of Commerce Festival of Flags "Market in the Park" rules; I hereby agree to comply with these rules and regulations, knowing full well that I will forfeit my right to participate if I am found in noncompliance.

Signature: _____

(This form MUST be signed and returned with payment to be eligible to participate)

Please make checks payable to: Davison Area Chamber of Commerce

Date: ____/____/____ Check # _____ Cash \$ _____ Electricity _____ Amount \$ _____

Visa or MasterCard # _____ - _____ - _____ - _____ Expiration Date: ____/____ Code # _____

PLEASE RETURN FORM WITH PAYMENT TO: DAVISON CHAMBER 410 W. FLINT ST. DAVISON, MI 48423