



# FESTIVAL OF FLAGS

## "Market in the Park"

*Please Print Legibly*

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of items for approval: \_\_\_\_\_

**SUNDAY, JUNE 9<sup>TH</sup> NOON - 5PM**

**Non-Profit Organizations**

\$30.00 \_\_\_\_\_ #Spaces \_\_\_\_\_ TOTAL \_\_\_\_\_

**Crafters & Vendors:**

\$40.00 \_\_\_\_\_ #Spaces \_\_\_\_\_ TOTAL \_\_\_\_\_

**DEADLINE FOR  
RESERVING YOUR  
10' X 10'  
SPACE IS  
MONDAY  
JUNE 3, 2019**

**RULES**

- Set up time is: Sunday, June 9<sup>th</sup> 10:30am.- noon.
- Product approval by Davison Area Senior Center 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 –This event will take place. . Please bring your own tables, chairs, pop-up tent/canopy etc.
- **NO OBSCENE MATERIALS ALLOWED \* NO REFUNDS \* NO EXCEPTIONS!**
- Deadline to reserve your space is 4pm on June 3, 2019 Space is limited and will be assigned on a first come, first serve basis. After the deadline date you must call the Davison Area Senior Center office, 810-658-1566, for any space availability.
- The Davison Area Senior Center is not responsible for any duplication of products, nor do they hold warranties or guarantees on products or services sold from vendors. The Senior Center is not responsible for loss, damages or theft.

**ARGREEMENT OF COMPLIANCE**

I, \_\_\_\_\_, have read and am fully aware of the Davison Area Senior Center / "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 Senior Center

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Electricity \_\_\_\_\_ Amount \$ \_\_\_\_\_