



STs. MARY MAGDALENE AND MARKELLA GREEK ORTHODOX CHURCH

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Rev. Fr. Eleferios Plevrakis, Proistamenos

Vendor Agreement for Greek Festival Location: Saints Mary Magdalene and Markella Greek Orthodox Church

May 31st , June 1st , and June 2nd 2024

All vendors wishing to participate in this event must agree to the following conditions:

1. You may bring up to two tables and the setup will be an “L” shape with the one table across the top.
2. Vendors are responsible for all items necessary to display their goods. This includes tent for coverage, showcases, lights, tablecloths, extension cords for electricity, etc.
3. Vendors are responsible for timely set-up and breakdown of their spaces. Vendors are expected to be operational on Friday, May 31st by 4:00 p.m. and must be cleared out of the area by 9:00 p.m. on Sunday, June 2nd.
4. Vendors are responsible for all business transactions and are responsible for manning their displays, securing cash, etc.
5. The church is not an insurer and shall not be liable for any theft, loss or casualty to any vendor’s equipment, merchandise, or currency. The church shall not be liable for any damage whatsoever resulting from your occupancy of the leased space, including personal injury and property damage. Vendors should obtain insurance coverage for their own protection.
6. Vendors are responsible for leaving their leased area in the same condition as it was prior to occupancy.
7. Vendor agrees to pay a flat fee of **\$200 per space**, for all days of the festival. Receipt of the entire fee amount is necessary by May 1st to ensure your participation. No refunds will be made.
8. Please make your **check payable to Sts. Mary Magdalene and Markella Greek Orthodox Church**. Mail your check and the signed agreement form to the P.O. Box address listed above and to the attention of Argie Kougianos.

Thank you for your participation in our Greek Festival. We wish you much success.

Please sign below that you have read and agree with the rules and conditions stated above.

Authorized Vendor Representative _____ **Date** _____

Name Printed _____ **Type of Vending** _____

Address _____

Telephone No. _____ **Email** _____