

3rd Annual Conway Gardens Fall Festival and Car Show

VENDOR APPLICATION FORM

Oasis at Conway Gardens

1900 Conway Gardens Road
Orlando, Florida 32806

<http://tinyURL.com/ConwayCarShow>

November 16, 2024

Vendor Coordinator: Kathy Gilland

Email: blgkg@bellsouth.net

Phone (321) 247-5521



AT CONWAY GARDENS

Event

Date:

Time: 11 AM to 4pm

Application Deadline: August 1, 2024

VENDOR APPLICATION FORM

Email completed form to: blgkg@bellsouth.net

VENDOR INFORMATION

COMPANY NAME		OWNER First and Last Names
VENDOR ADDRESS		
VENDOR PHONE	VENDOR EMAIL	
VENDOR ID. if applicable	VENDOR WEBSITE	

PRODUCT/SERVICE CATEGORY

Accessories / Jewelry	Housewares
Automotive	Pets
Art / Books and Zines / Music	Plants and Edibles
Blacksmith	Quilts
Candles	Toys
Ceramics and Pottery / Glass / Woodworking	Vintage
Children's Items	Woodcraft
Clothing	Food Vendor: _____
Crochet / Embroidery / Knitting / Needlecraft	Other: _____
Dolls and Miniatures	

See Reverse

DESCRIPTION OF YOUR PRODUCTS, SPECIAL ACCOMMODATIONS NEEDED FOR SET UP:

PRICE RANGE OF PRODUCTS

SOCIAL LINKS

BLOG	
TWITTER	
INSTAGRAM	
ETSY	
FACEBOOK	
OTHER	

Disclaimer

I will be participating in the Conway Gardens Fall Festival and Car show (the "Program") of [Oasis at Conway Gardens church] (the "Organization"), and attest that I have read, fully understand, and agree with the following representations and conditions:

I understand this is a family-oriented event. My products, services and behavior will not promote drugs, alcohol, tobacco, pornography, inappropriate language, or products/services otherwise inappropriate for minors. I will conduct myself in a manner appropriate for a family-oriented event. Failure to do so will result in my removal from the property.

I release the Organization and its trustees, directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for, and waive any and all claims for, injury, loss, or damage in any way connected with my participation in the Program, including injury, loss, or damage caused in whole or in part by the negligence or other misconduct of the Organization or any of the above-listed organizations or individuals.

I am aware of the risks of participating in the Program, and assume all risks, foreseeable and unforeseeable, in any way connected with my participation in the Program. I agree to indemnify and to hold harmless the Organization and any of the above-listed organizations or individuals with regard to any claim or expenses (including attorneys' fees and other costs of defending any claim by a third party or that I might make, or that might be made on my behalf) in any way connected with a claim. I have read and fully understand, agree to, and accept voluntarily all provisions of this Release of Liability and Waiver, Assumption of Risk, and Indemnification.

Signature

Printed Name

Date