

The Battle for the Bridge Festival

September 10-11, 2021

VENDOR APPLICATION

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ E-MAIL _____

NUMBER OF BOOTHS _____

TYPE OF BOOTH (PLEASE SEE EXPLANATION OF TYPE BELOW, CHECK WHICH APPLIES)

_____ **ARTS & CRAFTS/RETAIL BOOTH (\$50 – 10 x 10 Booth Space):** New, or hand-made items only! Only one of each type of vendor will be approved. No flea market type items.

_____ **NON-PROFIT NON SELLING BOOTH – (FREE – 10 x 10 Booth Space):** Group who are giving away, free, at no cost, items or information to attendees.

_____ **NON-PROFIT SELLING BOOTHS – (\$25 – 10 X 10 Booth Space):** Group who are charging for any service or products.

_____ **POLITICAL GOVERNMENT/BUSINESS ADVERTISEMENT BOOTH – (\$50 – 10 x 10 Booth Space):** Any political individual, or government/business advertising.

Detailed Description of Your Booth: _____

Approval of application is contingent on a full description of items offered for sale. Confirmation will be made via phone call or e-mail.

Each vendor is responsible for collecting applicable Kentucky Sales Tax.

SET-UP: Set-up may take place beginning at 8 am on Friday, September 10th. Once you have checked-in with Vendor Committee personnel you may begin set-up in your pre-assigned space.

Breakdown must take place and be exited your space by 10 pm on Saturday, September 11th.

The Undersigned desires to participate in The Battle for the Bridge festival which a community celebration is made up of volunteer organizing events for the betterment of the local community and the enjoyment of the attending public. The undersigned hereby acknowledges that he/she is participating in this event at his/her own risk by signing this waiver and release, the undersigned is waiving, releasing, and forever discharging any and all claims against the CITY OF MUNFORDVILLE and each of the other participants in the celebration whether such claims were foreseeable or not at the timing of the signing of this Waiver & Release. The undersigned by signing this waiver and release extends to any and all subrogation claims by the undersigned insurer arising out of any claims paid in connection with any of the matters herein waived and released.

Printed Name: _____ Signature: _____

Mail application and Fee to: Hart County Civil War Days, PO BOX 606, Munfordville KY 42765

For any questions please feel free to contact: Jeremy Atwell 270-473-1242 or Melissa Quigley 270-528-1204