



Artisan Market Application

NAME: _____ PHONE: _____

COMPANY: _____ E-MAIL: _____

MAILING ADDRESS: _____

NUMBER OF SPACES NEEDED: _____

AMOUNT ENCLOSED: _____ (Check/Money Order/Cash)

Payment and a picture of your set booth are required with your application

NOTE: Any and all required fees to participate in an event must be paid at the time the application is turned in. No refunds will be given.

Detailed description of your entry: _____

The Fall Foliage Festival reserves the right to request the removal of any item not listed on the lines above or that which may be found objectionable to community standards. Failure to honor such a request will result in expulsion from the festival, without refund.

The Fall Foliage Festival security is for the assurance of public safety and not necessarily for the protection of your entry. The Fall Foliage Festival, its Board of Directors or volunteers assumes no liability for your items on display/for sale during the Festival.

RELEASE STATEMENT: I, the undersigned, do hereby agree to all the rules and regulations governing the Fall Foliage Festival pertaining to this and all related events. I also understand that the Fall Foliage Festival, its Board of Directors, and/or volunteers will not be held responsible for any damage resulting from my participation in the 2019 Fall Foliage Festival.

SIGNATURE (required): _____ Date: _____