

2015 VENDOR / EXHIBITOR REGISTRATION FORM

**TOWNSHIP OF EDGEWATER PARK
COMMUNITY FALL FESTIVAL
OCTOBER 17, 2015**

COST: \$25.00 PER EXHIBIT SPACE – (after September 18th = \$35.00)

DEADLINE FOR REGISTRATION: September 18, 2015. NO RAIN DATE FEES NON-REFUNDABLE

| | |
|--------------------------|----------------|
| NAME OF BUSINESS: | |
| CONTACT PERSON: | PHONE#: |
| ADDRESS: | |
| CITY/STATE/ZIP: | |
| E-MAIL ADDRESS: | |

1. *By signing this contract, I, the Vendor/Exhibitor agree to abide by all terms and conditions established by the Township of Edgewater Park. I accept full responsibility for my products, displays, etc. and any claims for damages resulting from my participation in this event.*

In addition, by making the application the user agrees, that should this application be granted, the vendor will indemnify, hold harmless, and defend the Township of Edgewater Park and the Edgewater Park Board of Education, against any and all demands, claims for damages, fees, costs and liabilities of any kind (including but not limited to attorney's fees) to the fullest extent permitted by law. All vendors agree to abide by the terms established in the rules and regulations and terms and conditions guide.

2. *Please be further advised that some vendors, such as food and game vendors, and anyone utilizing a tent, will be required to maintain, in addition to any insurance required by law, Comprehensive Liability Insurance, in an amount of not less than \$1,000,000 per occurrence. If required, the vendor must provide proof of liability in the form of a certificate of liability. Failure by the Township and/or the Board of Education to enforce the required certificate of insurance will not void's the vendor's obligation to abide to the provisions established in item #1 above. The certificate of insurance, if required, shall name the following as additionally insured:*

*Township of Edgewater Park
400 Delanco Road
Edgewater Park, NJ 08010*

*Edgewater Park Board of Education
405 Cherrix Avenue
Edgewater Park, NJ 08010*

SIGNATURE: _____

TYPE OF CRAFT/GOODS/FOOD (check all that apply):

Hot Dogs Hamburgers Smoothies Italian Ice Sodas Water Snacks Candles

Ceramics Holiday Crafts Home Decor Avon Lotions Soap Clothing CDs & DVDs

Handmade Dolls Handmade Jewelry Pocketbooks Plants

Other _____

Other _____

EXHIBITORS (briefly describe your service, business or organization):

***Mail completed registration form with check payable to: Township of Edgewater Park
(address below)***

PLEASE INCLUDE A SELF-ADDRESSED/STAMPED ENVELOPE WITH YOUR APPLICATION

| FOR COMMITTEE USE ONLY | | |
|-------------------------------|----------------|----------------|
| Date Received: | Check # | Space # |
| Notes: | | |

**400 Delanco Road, Edgewater Park, NJ 08010 / Phone: (609) 877-2050 / Fax: 609-877-2308
www.edgewaterpark-nj.com**