



39th Annual Montverde Day Festival - 2018 Vendor Agreement

November 9, 4pm – 10pm Friday and
November 10, 9am – 10pm Saturday

Name: _____

Company Name (If Applicable): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: () _____ Email: _____

- Vendor for 2018 – \$75** Booth(s) requested: _____
- Early Special (Book before Aug. 17st) – \$50** Booth(s) requested: _____
- Montverde Resident - Booths - \$25**, Booth(s) requested: _____
- Electricity (Available only in certain booth spaces) – Additional \$25**

List all types of items you plan on displaying or selling: These will be the only items approved to sell:

The Vendor has read and agrees to all the following terms and conditions: Initial:.....

1. **Event hours are Friday, 4pm-10pm and Saturday, 9am-10pm. Vendor agrees to be set up by 8am on Saturday but can set up early on Friday starting at 12pm. Vendor must remain open until 6pm on Saturday. Breakdown before 6pm will not be permitted.**
2. Payment to Town of Montverde P.O Box 560008, Montverde FL 34756 is due with application.
3. Refunds will be not be made for any reason, inclement weather, force majeure or acts of God.
4. Vendor grants permission to the Town to use Vendor’s likeness, name, pictures and images in the advertising and promotion, (pre and post) of the event without compensation.
5. Electricity is limited and available only by pre-order and in selected booths. The cost is an additional \$25 and must be paid in advance.
6. Booth spaces are subject to availability and are subject to change without notification.
7. All booths are 10’ x 10’ and tents must be no larger or infringe upon adjacent booth spaces.
8. All pricing is set by Vendor. The Town provides no authority on pricing.
9. Set up time has to be completed by 8:00 am on Saturday after which the roads surrounding the park will be closed. Vendors can set up on Friday starting at 12pm.
10. A raffle prize (\$25 value) is requested from vendors and will be drawn throughout the event.
11. **Please make checks payable to: Town of Montverde**

Signature

Print Name:

Position:

Office Use:

Amount paid: \$ Paid by: Cash C/Card Check #

Received by: Booth # allocated:

Contact: Kathleen Gifford – Phone: (407) 469-3838 - Email: kgifford@mymontverde.com