CONTACT INFORMATION:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_ZipCode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COSTS: **$100.00 per booth space-Send check in with application (non-refundable)**

As a vendor wishing to participate in the Day in the Village, I along with vendor personnel agree to save, hold harmless and indemnify the Stockbridge Area Chamber of Commerce and property owners from any and all liability or responsibility pertaining to any damages to person or property on the site assigned to me (us) by the Day in the Village Event, when such damages or liability arise out of acts of my own or my vendor personnel.

Vendor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form along with a check in the amount of $100.00 payable to **Stockbridge Chamber of Commerce** P.O Box 310, Stockbridge, MI 49285 or Questions:

419.966.6260

Our Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

For Event Use Only:

Approved: \_\_\_\_ Not approved: \_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check Cash Pic incl:\_\_\_\_\_\_\_\_\_\_