

VENDOR APPLICATION FORM

Holiday Shopping Weekend | December 14-15, 2019

Company Name: _____

Mailing Address: _____

Phone/email/website: _____

Brief description of the products: _____

Attending Vendor Name: _____

Booth fee of \$200 is due by August 15, 2019

Credit card # _____ exp. ____/____ CVC _____ check _____ cash _____

Terms and Conditions:

Vendor Space: Vendor space will be assigned on a first-come, first-served basis.

Payment: The full payment is due by August 15, 2019 and is not-refundable. Booth fee includes one table and two chairs.

Liability: Wayne Art Center will not be liable for refunds or any other liabilities whatsoever for failure to fulfill the terms and conditions of this agreement due to the unusable condition of the area in which the show is to be produced caused by, but not limited to, fire or other calamity, natural disaster, public enemy, strikes, statues, ordinances of any legal authority or any case beyond WAC's control.

Setup/Break Down: All vendors may begin setting up at 9am each day and should be ready to sell by 10am. Break down should not begin before 5pm each day. Before leaving, please be sure your area is clean and trash free.

Staffing: Vendor tables must be staffed at all times. Wayne Art Center is not responsible for merchandise or display materials.

Vendor Responsibility: Vendor is solely responsible for any loss or damage to her or his property by theft, fire or casualty. Vendor shall be responsible for any damage which may be incurred to the facilities as a result of or in connection with its operation.

Vendor, by signing this application, you hereby release and forever discharge Wayne Art Center and their directors, officers, employees, agents and volunteers from any responsibility, personal liability, claims, loss or damage arising out of or in conjunction with your participation in Wayne Art Center's Holiday Shopping Event. WAC will not be responsible for any injury sustained by the artists and guests while within space designated for exhibits.

Printed Name _____ Signature _____ Date _____

For more information contact bozena@wayneart.org