

INSIDE SPACE RESERVATION and RECEIPT

FOR
VICTORIA-LUNENBURG COMMUNITY CENTRE
AUTUMN DAYS
9am – 3pm
OCTOBER 14, 2017

NAME: _____ PHONE: _____

CELL PHONE: _____

ADDRESS: _____
E-MAIL: _____

TYPE OF VENDOR OR PRODUCTS: _____
(ex...antiques, type of craft, business/product, etc.)

____ INSIDE SPACE @ \$30.00 = \$ _____
NO. OF ADDITIONAL SPACES: _____ @ \$25.00 each = \$ _____ (LIMIT OF 3 TOTAL)

NO. OF TABLES _____ @ \$5.00 EACH = \$ _____ (LIMIT 2 PER SPACE. NOT AVAILABLE OUTSIDE)

ELECTRICITY: ___ YES ___ NO

****PLEASE RETURN COMPLETED FORM WITH CHECK PAYABLE TO: VICTORIA-LUNENBURG COMMUNITY CENTRE;** also include a self-addressed stamped envelope if you wish a return receipt/confirmation. Receipts will NOT be mailed without your SASE.

*\$5.00 PROCESSING FEE FOR CANCELLATIONS

RETURN FORM AND PAYMENT TO: AUTUMN DAYS FESTIVAL
c/o IRENE WILKINSON
1901 GROVE AVE
VICTORIA, VA 23974

REQUESTS OR COMMENTS: _____

By signing this application, I/we understand that the Town of Victoria, the Victoria-Lunenburg Community Centre, nor any member of the Autumn Days Festival Committee will not be held liable for injury to exhibitors, spectators or damage to vehicles. Above mentioned assumes no responsibility or liability for fire, theft or other loss or damage to exhibits. Exhibitors agree to hold the above mentioned harmless from any and all liability arising from my/our participation in the Festival.

Signature (required) Date _____

(OFFICE USE ONLY)

RECEIVED BY: _____ DATE: _____

ELECTRICITY ___ YES ___ NO

TABLES ___ YES ___ NO