

45th Holiday Arts and Crafts Show

Exhibitor Application

Sunday, December 8, 2024 10am - 4pm

Submit Application by October 4, 2024

Applicant's Contact Information (When completing this form by hand, please print clearly)

COMPANY OR TRADE NAME (if applicable)							
NAME(Last,First)_							
PRIMARY PHONE_			CELL PHONE				
EMAIL (Required)_							
ADDRESS							
CITY			STATE	ZIP			
-		•	ously? O Yes O No				
Arts/Craft Ca	ategory (Select	t only one & give	description of item	s below)			
O Leather	O Floral/Herbal	O Quilts	Seasonal/DecorJewelryClothing	O Metal			
Description of all it	ems sold at this sho	w (pictures must be sub	mitted with the applicatior	n each year)			
Do you have an ove	ersized vehicle? O	Yes O No Vehicle S	Size				
Do you have an ove	ersized trailer? O	Yes O No Trailer Size	e				
Are special accomi	modations needed?	(please explain)					
Booth Inform							
	h size and whether y nt without advance :		ricity. We may not be able	to accommodate these requests			
O Single Booth	(6' x 9') \$110 C) Double Booth (6' x 18')	\$210				
	n (6' x 9' single only) \$10 Additional O Additional	\$20 Additional					

Payment

If selected as an exhibitor, payment must be made within five business days of acceptance notification to reserve your booth. Payment can be made by cash in person, over the phone (703-787-7300), or by check made payable to the **Town of Herndon** (all returned checks are subject to a \$50 fee). If you are not selected for the show, your photos will be returned. An accepted application is considered a commitment to the show and if accepted, booth fees are non-refundable.

Contract Agreement

I have read and agree to comply with the attached Rules and Regulations. I hereby agree for myself, my heirs, my executors, administers and assigns to waive all claims against, release, indemnify, defend and hold harmless the Town of Herndon, its officials, supervisors, employees and agents (the "Town") from any and all claims or liabilities for any injuries, disability, death, loss or damage to person or property, however caused, arising out of or connected with my use of the Town facilities, and waive my ability to bring any legal action against the Town. I agree to be responsible for collection of Virginia State Sales Tax.

I also grant the Town permission to use my art and/or craft works and my likeness in a photograph, video, or other digital media ("photo") taken by the Town, in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Town and will not be returned. I hereby irrevocably authorize the Town to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my art and/or craft works, or likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

Authorized Signature	Date
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TOWN USE ONLY	
Amount Paid	
Space Number	