

Application for Booth Space

Wheels of Progress Festival

July 16, 17 & 18, 2010

Name of Exhibitor/ _____

Contact Person _____

Mailing Address: _____

City & State _____ Zip Code _____

Phone No. _____ E-Mail: _____

Product/Items sold or displayed:

Type of Exhibit or Concession:

- | | | | | |
|--------------------------|--|---------------------------------|---------------|-------|
| <input type="checkbox"/> | Commercial | Food vendor | \$ 295 | _____ |
| <input type="checkbox"/> | Commercial-20' space | Products sold (other than food) | \$ 125 | _____ |
| <input type="checkbox"/> | Commercial-10' space | Products sold (other than food) | \$ 90 | _____ |
| <input type="checkbox"/> | Non-Commercial | Hand Made Crafts | \$ 65 | _____ |
| <input type="checkbox"/> | Non-Profit Organizations - Churches, clubs, etc. | | \$ 50 | _____ |
| | Deduct \$25 if application is received by June 18, 2010 | | - \$25 | _____ |

Utilities needed:

- | | | | | |
|--------------------------|----------|---------------------|----------|-------|
| <input type="checkbox"/> | Electric | 220 electric | \$ 40 | _____ |
| <input type="checkbox"/> | Electric | over <u>60 amps</u> | \$ 65 | _____ |
| <input type="checkbox"/> | Electric | 110 only | \$ 20 | _____ |
| <input type="checkbox"/> | Water | | n/c 2010 | _____ |

Total: =====

Please read and sign the following:

In consideration of selling space by the Greenfield Rotary Club, the undersigned agrees to use the space allotted by the club, and further covenants and agrees to waive any and all claims that the undersigned, his heirs, executors, and assigns might incur against agents, and assigns for loss, theft, breakage or bodily injury sustained to the undersigned. The undersigned further understand that Greenfield Rotary has the privilege of restricting certain products etc. from being sold or displayed.

Each booth space will be approximately 20 feet in length. If more than 20 feet is required, please specify the size and we will review any additional expenses that may be incurred.

Signature _____

Date _____

Please return completed form with check (at least \$50% of total) to:

Greenfield Rotary Club
P.O. Box 102
Greenfield OH 45123-0102

For internal use only:

Date Received _____ Sequence Number _____

Amount Received _____ Balance Due _____