

# New York State Festival of Balloons

September 2-September 4, 2022

## Vendor Contract

The undersigned hereby agrees to lease space at the 41st annual New York State Festival of Balloons. Alcoholic beverages, **pets**, weapons, firearms, unsafe articles, or articles that would offend the moral majority **are prohibited** from the premises. Rulings on questionable articles from the Board of Directors are final. You, as a vendor, agree to hold neither Dansville Festival of Balloons, Village of Dansville, Town of North Dansville, Finger Lakes Soaring Club, Sterling Aviation, Inc., or Festival Staff and/or volunteers responsible for any damage or loss occurring to person or property during the period of this contract.

I hereby agree to lease space for the purpose of selling the following: (Arts/Crafts Vendors & Commercial Vendors: Provide a general description of your merchandise/display). **Be sure to read the attached information sheet for additional details.**

\_\_\_\_\_ # of people working at your site

**Signature** \_\_\_\_\_ by submitting form you agree to terms and conditions above \_\_\_\_\_ Date \_\_\_\_\_

<u>Arts &amp; Crafts</u> (Hand Made)	<u>Qty</u>	<u>Price</u>	<u>Total</u>
per site 15 ft X 15 ft .			
<b>Postmarked by July 15:</b> \$100.00	___X	_____	_____
<b>Postmarked after July 16:</b> \$150.00			
<b><u>Commercial Vendor</u></b>			
per site 15 ft X 15 ft			
<b>Postmarked by July 15:</b> \$150.00	___X	_____	_____
<b>Postmarked after July 16:</b> \$200.00			
Electric/Arts&Crafts-20 amp, 1 duplex	___X	<u>30.00=</u>	_____
<b><u>Camping</u></b>			
___ Vendor Camping**/per night/ <u>2 night minimum</u>	___X	<u>15.00=</u>	_____
<b>TOTAL DUE *** . . . . .</b>			_____

Method of payment: \_\_\_ Check \_\_\_ Money Order \_\_\_ Credit Card (complete information below)

**Make all checks payable to: Dansville Festival of Balloons**

**Enclose completed form, proof of liability insurance in the amount of at least \$300,000 with Dansville Festival of Balloons and the Town of North Dansville listed as Additional Insured, and payment.**

**Mail to: NYSFOB Arts & Crafts, PO Box 427, Dansville, NY 14437**

Your Name (print clearly) \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_ Email \_\_\_\_\_

**CREDIT CARD INFORMATION:** We are using Paypal to process credit card payments. Enter your Email address clearly below. You will receive an Invoice Email at that address. It will include instructions about entering your credit card information on that Email.

Email for credit card Invoice: \_\_\_\_\_