



Spady Cultural Heritage Museum
170 N.W. 5th Avenue
Delray Beach, FL 33444
Telephone: (561) 279-8883
Fax: (561) 279-2230
www.spadymuseum.org

Vendor Agreement for Special Event Programs

This agreement made and entered this date: _____

EVENT NAME: **Spady Living Heritage Day Festival** EVENT LOCATION: **Spady Museum**

EVENT DATE: **Saturday, August 21, 2010** EVENT TIME: **Noon – 10pm** SETUP TIME: **9am-11am**

ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ ALT. TELEPHONE: _____

EMAIL ADDRESS: _____

COMPLETE LIST OF ITEMS OFFERED: _____

FEE SCHEDULE:

Each space is 10' by 10'

Charitable/Non-Profit: No Charge

For-Profit: \$150.00

OFFICE USE ONLY:

Date received: _____

Non-profit vendor For-profit vendor

PLEASE COMPLETE BOTH PAGES

GENERAL RULES and REGULATIONS:

1. Spaces are assigned on a **first come-first served** basis. Vendors may request a specific space inside the vendor grouping; however, this is contingent upon availability, receipt of form and receipt of payment. We do our best to accommodate reasonable requests.
2. All vendor spaces are on asphalt, *not on the grass*.
3. Vendors are responsible for providing their own tent, tables, chairs and any other equipment needed.
4. Stakes are NOT permitted in the ground. Tents and Canopies may use sand bag weights to weigh the tent/canopy down. A violation of this rule will result in a **\$100 fine per stake** driven into the ground resulting in damage.
_____ I understand this rule (Please initial).
5. All trash must be placed in the proper receptacles.
6. Each space is 10' by 10'.

ON BEHALF OF MY ORGANIZATION AND MY SUPPORT STAFF, I HAVE READ AND AGREE TO THE ABOVE RULES AND REGULATIONS. I UNDERSTAND THAT EXPANDING & PRESERVING OUR CULTURAL HERITAGE IS NOT RESPONSIBLE FOR ACCIDENTS, LOSS OR DAMAGE. I UNDERSTAND THAT FEES ARE NON-REFUNDABLE.

NAME (please print) _____ DATE _____

SIGNATURE _____

APPROVED BY _____ DATE _____

**THANK YOU FOR SUPPORTING THE PROGRAMS OF THE
SPADY CULTURAL HERITAGE MUSEUM!**

**Please print and fax back to 561-279-2230.
Signature and initial required.
No cover sheet necessary.**

