

Brookstown Community Festival

Sponsored by Brookstown United Methodist Church
Sept. 14, 2024

Vendor Agreement

The **Brookstown Community Festival (BCF)** agrees to furnish the display space described below to vendor for use on Sept. 14, 2024. Vendor must submit a signed **Vendor Agreement** form with full payment to reserve a space. **Non-profit organizations may participate for free as space permits.** (If non-profit organization is 'selling' items, it will be considered a paying vendor.)

Confirmation and payment receipt will be sent by the Community Festival Vendor Chairperson. Vendor may, at his option, furnish his own table and/or chair(s). There are a limited number of electrical hookups available. If electrical connection will be needed, make requests early!

Spaces: \$25 X _____ # Spaces = \$ _____
Tables: \$ 5 X _____ # Tables = \$ _____
Chairs: \$ 1 X _____ # Chairs = \$ _____
Electrical Con. \$ 10 X _____ # Connections = \$ _____ **Total FEE = \$ _____**

An **inside** "space" is described as an area large enough to accommodate one (1) table approximately 3' x 8' with sufficient space to accommodate customers. **Inside spaces are very limited, (only 6 this year) and need to be reserved early!** Outside spaces are usually 12X12 so that you have room to set up a 10X10 canopy of your own. Canopies may be rented for \$20 and there is a limited quantity.

Vendor agrees to register at the **Information Booth** before setting up any displays. Vendor agrees that no sales will be made prior to 9:00 A. M. on Sept. 14, 2024. Vendor booths must remain open for the duration of the festival, 9:00 A.M. - 2:00 P.M.

Event Schedule—Sept. 14: 7:30 A.M. - 8:45 A.M. Vendor Setup; 9:00 A.M. - 2:00 P.M. Festival
2:00 P.M. - 3:00 P.M. Vendor Departure

Brookstown Community Festival and Brookstown United Methodist Church:

1. Assume NO responsibility for vendor's compliance with federal, state or county tax laws.
2. Assume NO responsibility for any retail sales or merchant requirements.
3. Assume NO responsibility for any health requirements that may be required by any federal, state or county government agencies.
4. Will NOT provide any security personnel.

VENDOR
NAME _____ **STREET** _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE:** _____

EMAIL: _____ **WEBSITE:** _____

VENDOR
SIGNATURE _____ **DATE** _____

DESCRIBE ITEMS SELLING

MAKE CHECK PAYABLE TO: Brookstown United Methodist Church (please mark 'VENDOR FEE' on check)

MAIL THIS CONTRACT AND CHECK TO:

Brookstown UMC
6274 Yadkinville Road
Pfafftown, NC 27040

Any questions? Please contact Roberta at 336-817-3051