



Summarize any previous festival vending experience & provide references if you have not vended with us before:

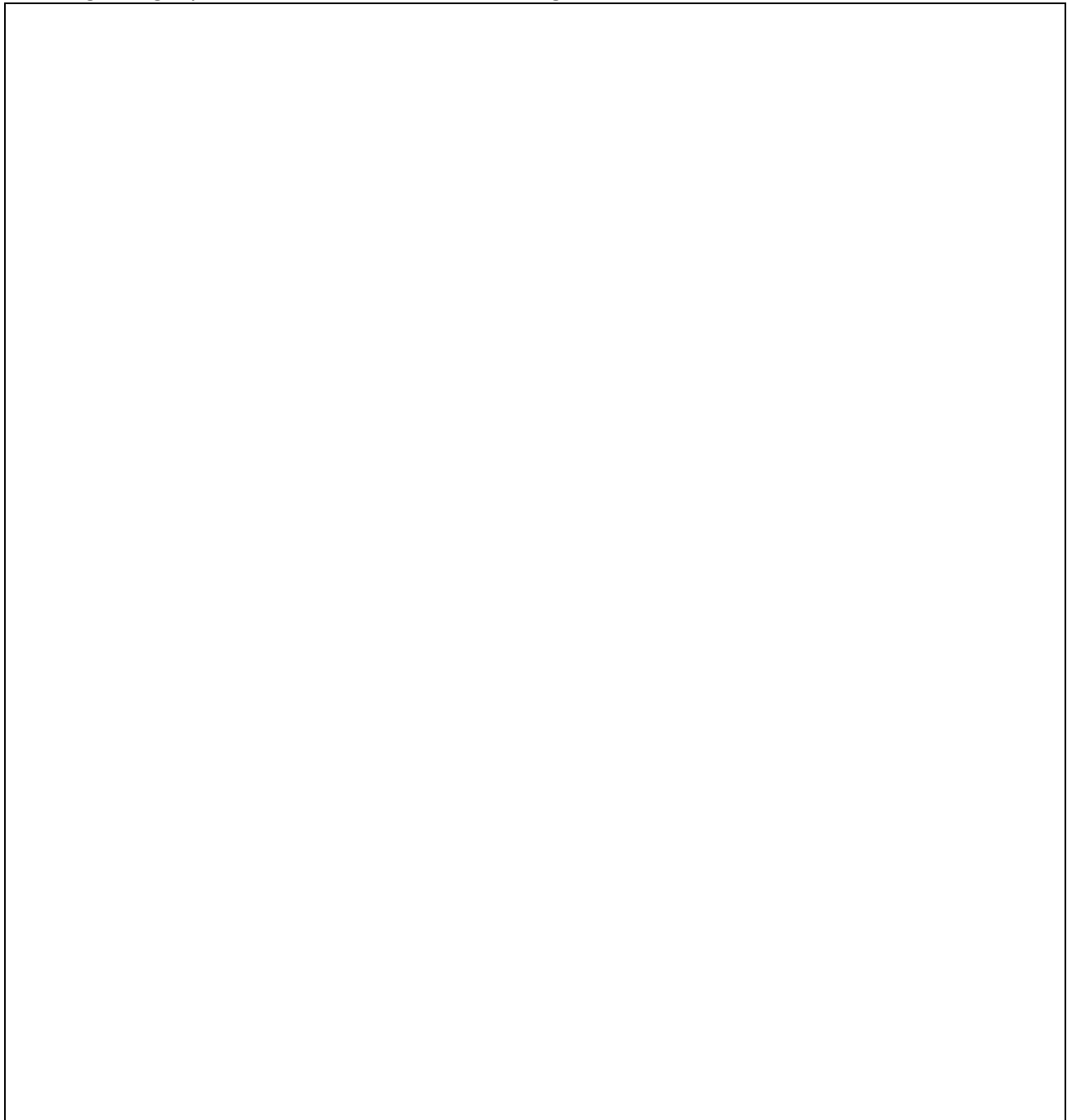
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Please describe your vending setup – are you a self-contained unit, do you require space for a hitch, any special needs, etc. Attach a photo of your layout or a plan-view sketch with measurements and markings to signify electric and water, as well as serving areas.



## Payment

Vendor Fee is \$325.00

Vendor fee is not due with this application. Fee is due by July 1, upon confirmation of acceptance.

Please Initial Each item:
<i>If I am accepted as a food vendor:</i>
I agree to provide a certificate of insurance naming Sisters Folk Festival, Inc. as an additional insured by July 1
I understand that my space rental fee cannot be refunded after July 1
I understand that the Festival does not carry insurance to cover my personal property and that I store equipment at my own risk.
I understand that Sisters Folk Festival, Inc. makes no sales guarantees.
I have read the Vendor Guidelines and agree to abide by them.
I will be responsible for any clean-up or property damage near my area.

<b>Risk and Liability:</b>
I, the undersigned, hereby release and agree to hold harmless Sisters Folk Festival Inc. from any damage to my property or any personal injury, which my helpers or I may sustain while participating in the Sisters Folk Festival. Further, I agree to abide by the guidelines for participation, as listed in the Vendor Guidelines and all policies and guidelines developed by Sisters Folk Festival Inc. staff. I understand that failure to follow these regulations can mean expulsion from this year's or future events presented by Sisters Folk Festival Inc.

Please sign the form and return this application by May 1, 2017 to:

Sisters Folk Festival

POB 3500 PMB 304

Sisters OR 97759

E-mail: [info@sistersfolkfestival.org](mailto:info@sistersfolkfestival.org)

541-549-4979

541-549-8223 (fax)

**Applicants will be notified by June 1.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_