



NON-PROFIT EXHIBITOR APPLICATION

June 10 & 11, 2017 | Event held rain or shine.

COMPLETE FORM ONLINE
at www.celebratewesthartford.com

Organization _____

Contact _____ Email _____ Office # _____

Street _____ City _____ ST _____ Zip _____ Cell # _____ (During event)

The fee is the same if you participate one day or both days:

Saturday only Sunday only Saturday & Sunday Non-profit 501(c)(3) Tax ID # _____

NON-PROFIT FOOD COURT BOOTH and FOOD OFFERINGS (a separate \$50 temporary food permit fee will be charged by WHBHD.)

For more info, see Food Court Instructions or ask CWH Office. Food items are limited to four. Most items are not duplicated. List food items below:

1. _____ 2. _____ 3. _____ 4. _____

- | | |
|--|---|
| <input type="checkbox"/> 10 x 10 tent + (2) 8' tables = \$350 (by April 15) | <input type="checkbox"/> 10 x 20 tent + (2) 8' tables = \$600 (by April 15) |
| <input type="checkbox"/> back wall \$15 <input type="checkbox"/> 2 sides \$30 <input type="checkbox"/> 2 sides & back \$45 | <input type="checkbox"/> back wall \$30 <input type="checkbox"/> 2 (10')sides \$30 <input type="checkbox"/> 2 (10')sides & (20')back \$60 |

NON-PROFIT BOOTH PROVIDING FREE ACTIVITY OR INFORMATION

What is your activity? _____

- | | |
|---|---|
| <input type="checkbox"/> 10 x 10 tent = \$235 (by April 15) | <input type="checkbox"/> back wall \$15 <input type="checkbox"/> 2 sides \$30 <input type="checkbox"/> 2 sides & back \$45 <input type="checkbox"/> 4 sides \$60 |
| <input type="checkbox"/> 10 x 20 tent = \$375 (by April 15) | <input type="checkbox"/> back wall \$30 <input type="checkbox"/> 2 (10')sides \$30 <input type="checkbox"/> 2 (10')sides & (20')back \$60 <input type="checkbox"/> 4 sides \$90 |

NON-PROFIT BOOTH CHARGING FOR ACTIVITY, GOODS, DRAWINGS, SOLICITING MEMBERSHIP, DONATIONS

What is your activity? _____

- | | |
|---|---|
| <input type="checkbox"/> 10 x 10 tent = \$325 (by April 15) | <input type="checkbox"/> back wall \$15 <input type="checkbox"/> 2 sides \$30 <input type="checkbox"/> 2 sides & back \$45 <input type="checkbox"/> 4 sides \$60 |
| <input type="checkbox"/> 10 x 20 tent = \$550 (by April 15) | <input type="checkbox"/> back wall \$30 <input type="checkbox"/> 2 (10')sides \$30 <input type="checkbox"/> 2 (10')sides & (20')back \$60 <input type="checkbox"/> 4 sides \$90 |

ELECTRICITY 20 amp duplex outlet @ \$50 each. Appliance(s): _____ amps: _____ watts: _____

TABLE & CHAIR RENTALS Indicate number needed: _____ 8' tables @ \$15 each _____ chairs @ \$3 each

PARKING PERMITS Limited free parking will be available. Two permits will be issued for working staff only. We will try to accommodate requests for additional permits. How many (total) permits do you need?

CERTIFICATE OF INSURANCE

Organizations selling food or offering a potentially hazardous activity are required to provide a Certificate of Insurance indicating that General Liability and Workers Compensation coverages (if your organization has employees) are in force.

Under description of operations: The Town of West Hartford is added as an additional insured from June 10 through June 11, 2017.

The certificate holder is:

Town of West Hartford, 50 South Main Street, West Hartford, CT 06107.

Have your insurer mail, email or fax certificate to Linda Geisler no later than May 1, 2017. Email: Linda.Geisler@WestHartfordCT.gov FAX: 860-561-7519

WAIVER

By submitting an application to this event, I acknowledge that property is brought to the event at my own risk. I also realize that in bringing goods to this event, setting up my space, operating during the event and removing my remaining property at the end of the event, there is a possible risk of injury to myself and others working with me while participating in the event. I agree to assume the risk of injury which I might suffer or for property loss of damage of any kind while participating in this event. In addition, I agree to hold the Town of West Hartford, its employees, officials and agents harmless from any liability to those individuals working in my booth or to third parties arising from my provision of goods or services at this event.

Signed: _____ Date: _____

On behalf of: _____ (Organization)

CALCULATE FEE

- Tent..... \$ _____
- Tent Sides..... \$ _____
- Table(s) @ \$15 ea..... \$ _____
- Chairs(s) @ \$3 ea..... \$ _____
- Electricity \$50 per plug-in..... \$ _____
- \$50 LATE FEE (after April 15)..... \$ _____
- TOTAL FEE**..... \$ _____

Fee is non-refundable and check is payable to:

Town of West Hartford

CHARGE TO: Visa MasterCard

Card #: _____

Expiration Date: _____

QUESTIONS? Call 860-561-7512 or Email Linda.Geisler@WestHartfordCT.gov

**Applications may be mailed or emailed.
DEADLINE: APRIL 15, 2017**