

# Cosmic Concert Vendor Contract

Saturday, August 19, 2017

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

Business Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Food: \_\_\_\_\_

Please bring your own tables, tents and chairs.

Retail or Informational Booth 12x12

\$50.00 deposit \$ \_\_\_\_\_  
Total Amount due: \$ \_\_\_\_\_

\*5% of gross sales will be due at the conclusion of the Cosmic Concert

Set up at the Saline County Fairgrounds by 3:00 PM on Saturday August 19, 2017.

The Cosmic Concert will last approximately 6 hours from 4:00 PM to 10:00 PM.

Make Checks Payable to: Solar Eclipse Entertainment

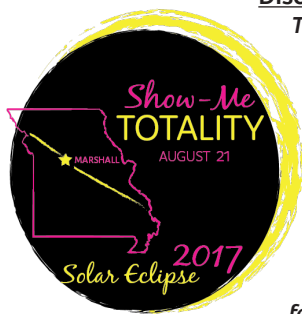
Mail to: Tower Realty, attn. Shopping Under the Sun, 254 S Odell, Marshall MO 65340

For more information call 660-229-4845 or kakgreen@yahoo.com. We will honor only one retail registration per retail company.

## Disclaimer:

*The undersigned does hereby discharge, release and hold harmless, the Marshall Cultural Council, Sponsor; the Saline Co Commission, property owner or the Marshall Solar Eclipse Committee from any and all manner of action, suits, damages, or claims whatsoever arising from any loss or damages or claims, to the person or property of the undersigned while in possession or under the supervision of the sponsors during the Bazaar, and hereby consents to enforcement or all rules of this event. There is no bad weather make up date. There will be NO REFUNDS if event is cancelled due to circumstances beyond Event Sponsor's control. There will be NO REFUNDS for preshow cancellations after August 1, 2017. Additionally: The Marshall Solar Eclipse Committee has my permission to publish photographs or videos taken of me, my booth and my product during the Bazaar for purposes related to the promotion of the Bazaar, past or future.*

*The Shopping Under the Sun Committee reserves the right to disqualify any vendor causing any problems to fellow vendors or Sponsor workers.*



BY SIGNING BELOW, YOU ARE AGREEING TO ALL POLICIES, AND RULES!!!!

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

*Office Use Only*

Rec'd	Vendor Notified	Packet Sent	Deposit Date