

# MILFORD ALIVE Non-Profit Application

Name of your organization: \_\_\_\_\_

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

Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

2<sup>nd</sup> Contact Name and Phone: \_\_\_\_\_

Description of product or exhibit: \_\_\_\_\_

Time that you will stay (choose one) 12:00 – 8:00 pm \_\_\_\_\_ or 12:00 – 5:00 pm \_\_\_\_\_

**A fee of \$50 for a 10' x 10' space is required. Your check will be cashed but if your organization shows up and stays for the above noted time your organization will be refunded to you. All payments must accompany your contract and be made payable by check only. No Money Orders accepted. \$75 per space after August 15<sup>th</sup>.**

Number of 10'x10' spaces requested: \_\_\_\_\_ Check if you are using a pop-up canopy \_\_\_\_\_

***Please note: if you are using a pop-up canopy it must fit within your 10'x10' space***

**No electric provided, no generators permitted. Vendor supplies own tables and chairs. SPACE IS LIMITED. REGISTER EARLY! PLEASE MAIL YOUR SIGNED CONTRACT AND ENCLOSE YOUR CHECK, MADE PAYABLE TO "Milford Merchants Association" TO ATTN: Elisa Yager, 120 Fairview Ave, Milford, NJ 08848**

**Liabilities:** Vendor agrees to indemnify and hold the Milford Merchants Association, Borough of Milford and County of Hunterdon blameless and free from any claim, suit, action or loss of any kind that might occur at or result from participation in the event. Vendor further agrees not to be party to any action against the Milford Merchants Association arising from any injury, loss or damage from participation in the event. No sales of firearms, fireworks, weaponry of any type or suggestive/pornographic material will be permitted. Vendors selling this merchandise will be asked to remove it from sale and/or will be asked to leave with the forfeit of all table fees.

Check <input type="checkbox"/>	
	<b>1. Insurance:</b> If you are offering an interactive product or service (for example, sand art, pumpkin painting, etc) please provide a Certificate of Insurance naming the Milford Merchants Association as Additional Insured

I certify I am acting for and with the authority of the individual/business/organization named above. I further affirm I have read, understood and agree to the terms and conditions as listed above.

I authorize use of photos of my items/image for promotional materials and website.

\_\_\_\_\_  
(Signature of responsible party)

\_\_\_\_\_  
(Date)

Do not write below this line \_\_\_\_\_