Christmas in Milford Crafter/Vendor Application

Name of y	our business:				
Contact N	ame:				
Address:_		, City	State	Zip	
Email:		Phor	e #		
Descriptio	n of craft, product or exhi	bit:			
•	rom 3:30pm — 4:30pm You will be able to park you	· ·) pm. Hours for tl		— pm – 8:00
-	e \$10 for a 6' space for 3 h nd be made payable by cl basis.				
	c provided, no generators EARLY! <u>Please note, this i</u>			nd chairs. SPACE IS	LIMITED.
	AIL YOUR SIGNED CONTR on" TO ATTN: Elisa Yager,			YABLE TO "Milford	<u>Merchants</u>
County of result fror Merchant firearms, t	EVendor agrees to indemn Hunterdon blameless and In participation in the even Is Association arising from Fireworks, weaponry of an Is merchandise will be aske	free from any claim, suit it. Vendor further agrees any injury, loss or damago y type or suggestive/porn	action or loss of a not to be party to e from participation ographic material	any kind that might any action against to in the event. No so	occur at or he Milford ales of Vendors
Check √					
		offering an interactive provide a Certificate of Insura			
=	nm acting for and with the ve read, understood and a		_		e. I further
l authorize	e use of photos of my item	s/image for promotional	materials and web	osite.	
(Signature	of responsible party)			(Date)	-
Do not wr	ite below this line				