

MAPLE SHADE'S 45th ANNUAL SIDEWALK SALE & FESTIVAL
SATURDAY, SEPTEMBER 9, 2017 ~~~ RAINDATE: SATURDAY, SEPTEMBER 16, 2017
APPLICATION TO PARTICIPATE

Contact Name _____ Phone (Day) _____

Business/Exhibitor/Vendor Name _____

Address _____ Cell _____

City/State/Zip _____

Tax ID # _____ Fax _____

Email _____

Category (circle one) craft vendor retail merchandise/sales information/non-sales food vendor

Product Description (only those items listed will be permitted) _____

Do you have a Tent/Canopy? YES _____ Give size & Height _____ NO _____

Number of Spaces (10'x10') _____ @ \$50.00 or after August 1, 2017 _____ @ \$75.00

_____ I am a returning vendor and would prefer to have the same location as last year. My location was near:

_____ I am a returning vendor seeking a new location.

_____ I am a new vendor and understand a location will be assigned to me.

_____ Please contact me for additional advertising opportunities.

How did you hear about our Sidewalk Sale & Festival? _____

Total Amount Enclosed \$ _____ **NO CASH**

Acknowledgement:

By completing and submitting this application, I hereby agree to sell only the items for which I have listed. The applicant also understands the terms of agreement and releases event organizers, Town of Maple Shade and Event hosts/sponsors from any loss or damage and all liability for the duration of this event. No refunds.

Signature _____ Date _____

Mail completed application by July 31, 2017 to: M.S.A.B.C. c/o Columbia Bank 253 E Main Street Maple Shade, NJ 08052	Make checks payable to: M.S.A.B.C.
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OFFICIAL USE ONLY:

DATE RECVD AMT RECVD CK/MO# INITIALS POSTCARD SENT SPACE #