MT. ANGEL - SILVERTON HAZELNUT FEST and GERMAN HOLIDAY MARKET

Hosted by the Mount Angel Chamber of Commerce

Friday Night Market: December 1st, 4 pm to 8 pm.

Saturday: December 2, 9 am to 5 pm. Sunday, December 3, 10 am to 4 pm

Booth Fee: \$250.00 for a 10' x 10' space.

BOOTH INFO

Please provide a pop-up tent frame without the top canvas and wrap upper frame in white lights.

Business/Organization Name:			
Address:	City:	State:	Zip:
	Cell:		
(Vendor)Website:		Email:	
List all products and provide a full description:			
Are there special needs such	as electrical connections, etc.		
Do you need a special license	or insurance to sell your prod	ucts such as OLCC	Health Department
 Food Vendors will be food handling, hand with the All participants agree Help us promote this NO PETS ALLOWED S 	washing, etc. to leave their areas clean whe	nd must adhere to all Men the festival is over. Comments over the with your customers. So ned to aid a disabled p	Marion County Health laws; licensing, Garbage cans are provided. Send us a copy of your promotions.
	ndor agrees to procure and maintain ast the length of this event. Please n	·	polity insurance in the amount of not less than roof of this with your application.
authorized representative of the ab Oregon Hazelnut Festival, Mt. Ange assigns (hereinafter, the "Released damages and liabilities, of every kin way related to my participation in the waive any claims of personal injury, OR Hazelnut Fest. I have read, under	ove business entity, HEREBY WAIVE A Chamber of Commerce, and its ager Parties"), of and from any and all claid d and nature, whether known or unk ne Mt. Angel, OR Hazelnut Fest. By the death or damage to personal proper	AND RELEASE, indemnify, honts, employees, officers, dir ms, demands, debts, contra mown, in law or equity, that his WAIVER AND RELEASE, I ty, with respect to the Relea f this WAIVER AND RELEASE	self, my heirs, assigns and next of kin, and/or I, and harmless and forever discharge, Mt. Angel ectors, affiliates, successors, volunteers and acts, expenses, causes of action, lawsuits, at I ever had or may have, arising from or in any assume any risk, and take full responsibility and ased Parties, in connection with the Mt. Angel, E. I hereby certify that I am 18 years of age or Ily before signing.
Signature:		Date:	

Sign and Return this form with your check to Mt. Angel Chamber of Commerce, PO Box 221, Mount Angel, OR 97362 For more information, contact Mt. Angel Chamber at mtangelchamber@gmail.com