

GRATZ FAIR
PO Box 204 Gratz, PA 17030
FALL 2010 CRAFT SHOW – Oct. 16
Phone : (717) 365-3441

EXHIBIT/VENDOR AGREEMENT

Contract No.: GF-CS-F2010

Date Prepared: _____

Vendor Name/Business: _____

Vendor Address

Vendor Phone(s)

Vendor Credentials, i.e. sales tax #

Vendor Products

Vendor Booth Information

QTY	Description	Total	Tax
__ 1 __	Building 1 – 13'Wx7'D	\$25	<i>sample</i>
_____	_____	_____	_____
_____	_____	_____	_____

Space location(s) must be based on the following:

Building 1 - 16'Wx7'D - \$30; 13'Wx7'D - \$25; 10'Wx7'D - \$20

Building 2 - 14'Wx7'D - \$27; 10'Wx7'D - \$20

Building 3 - 14'Wx7'D - \$27; 10'Wx7'D - \$20

Outdoor - 12'Wx12'D - \$17

BASIC INFORMATION - RULES OF SHOW

- **ELIGIBILITY** - all types of hand crafts, craft related items and craft supplies are acceptable. No flea market items or baked goods are permitted except where approved. The Gratz Fair Assn. reserves the right to eliminate objectionable, manufactured, or imported items the day of the show.
- **FACILITIES** - indoor locations will be located in the Arts and Crafts building, and two commercial Exhibits buildings. Electrical hook-up, etc. are your responsibility. Limited 115 volt receptacles are provided. Bring your own extension cords. No space heaters permitted. The Gratz Fair Assn. will not

- be responsible or accountable for any loss of crafter's property.
- DISPLAYS - exhibitors must provide their own tables and props for their display. See the registration for locations, sizes and costs. Display must be manned at all times.
- DATE & TIME OF SHOW – October 16, 2010 from 9AM TO 3PM - If unable to make the show, please notify the registrar; otherwise, your name will be placed at the end of the list in subsequent shows. No refunds within 30 days of the show unless space can be resold.
- SET-UP TIME - day of show from 6:30AM - 8:30AM.
- TEAR-DOWN TIME - day of show after 3PM.
- LOCATION IDENTIFICATION - Locations are numbered. Exhibitors are to set up displays within the lines of location assigned.
- LOCATION ASSIGNMENTS - All locations are assigned by the Registrar. Committee members will be available for any questions and to assist exhibitors in finding their assigned locations.
- REGISTRAR - Bruce Koppenhaver. For more information, call Bruce at (717) 365-3746.
- GENERAL LIABILITY INSURANCE / "HOLD HARMLESS" -
 1. Any vendor that has a **Commercial General Liability Policy**, any **Food Vendor**, or any **Vendor With An Eatable Product** is to show proof of general liability coverage (food, eatable product – minimum of \$1,000,000; all others minimum of \$300,000) and the Gratz Agricultural & Horticultural Association listed as an additional insured. That certificate of insurance must be presented to us for review prior to authorized entry onto the premises and setup of the display.
 2. Any vendor not in the above categories (not supplying a certificate of insurance) – INDEMNITY AGAINST GENERAL CLAIMS. I hereby agree to indemnify, defend and save and hold harmless The Gratz Agricultural & Horticultural Association, Inc., its officers, employees, agents, partners, heirs, successors and assigns (collectively, the "Indemnified Party") from and against, and to reimburse the Indemnified Party with respect to, any and all claims, demands, causes of action, losses, damages, liabilities, costs and expenses (including reasonable attorney's fees and expenses, court costs, and costs of appeals) asserted against or incurred by the Indemnified Party by reason of or arising out of the display or sale of items by the undersigned on the premises of the Association in Gratz Borough, Dauphin County, Pennsylvania. This Agreement shall be binding on the parties hereto, their heirs, successors and assigns.

(Signature)

(Date)

Special Provisions

THIS EXHIBIT/VENDOR AGREEMENT includes this information/signature acknowledgement and a sample insurance certificate. By signing this agreement the VENDOR represents that the VENDOR has received and has read all of the documents making up this agreement and agrees to comply with all of the provisions of this agreement.

VENDOR

PROMOTER
Gratz Fair Assn.

By: _____
 (Signature)
 (print name and title below)

By: _____
 (Signature)
 (print name and title below)

BRUCE KOPPENHAVER, REGISTRAR

Dated: _____

Dated: _____

- PLEASE PRINT TWO COPIES AND COMPLETE.
- RETURN BOTH AGREEMENTS, PAYMENT (check payable to: GRATZ FAIR ASSN.), AND YOUR INSURANCE CERTIFICATE (IF NOT SUPPLYING AN INSURANCE CERTIFICATE, YOU MUST SIGN AND DATE THE "INDEMNITY AGAINST GENERAL CLAIMS" SECTION).
- SEND TO BRUCE KOPPENHAVER, PO BOX 217, GRATZ PA 17030.
- A SIGNED AGREEMENT AND FLYERS WILL BE RETURNED TO YOU.