

Acorn Festival
(A Community Of Resilient Neighbors)
Saturday, September 27
Guilford Fairgrounds, Guilford, VT
Vendor application

Please mail Application and check to:
Acorn Fest PO Box 2585, Brattleboro, VT 05353
make check payable to: "Vermont Wilderness School"

Contact Name: _____

Name of Business: _____

Address: _____

Phone: (____) _____

Fax (____) _____

Email: _____

Describe items for sale: _____

Size of space required - including any tarp, covering or enclosure _____ Length (side to side) x
_____ Depth (front to back) If larger than 10' by 10' special permission will be needed.

FEES: 10% of Gross Sales. Craft vendors will pay a fee of 10% of their gross sales of their items during the fair. Vendors must provide proof of daily sales: * Cash register receipts * Written sales receipts * Beginning/ending inventory report * Or other approved bookkeeping method.

A deposit of \$40.00 per vendor will be paid to secure booth space. The \$40.00 deposit will be non-refundable but will be applied toward the 10% payment. Ex. - if the booth makes \$1000.00 total gross sales, you will owe \$100.00 (10%) - \$40.00 (deposit) = \$60.00 owed to the Fair. Note that you will not receive a refund if 10% of your gross sales is less than \$40.00

The vendor/contact plus two (2) assistants (total 3) are exempt from paying the fair admission. Vendor passes will be distributed prior to the fest. All others are expected to pay the Acorn Festival admission fee.

I, the undersigned, agree to abide by the bylaws of the Acorn Festival and comply with the representation of my demonstration and/or the sale of items listed above. I will leave my assigned area in as good or better condition than when I arrived with all trash placed in the proper receptacles. Acorn Festival is not responsible for lost or stolen property I agree to pay the appropriate fee to the Acorn Festival in exchange for having my booth and the opportunity to sell the items listed to the public. I understand I am solely responsible for my own limited liability insurance for my designated rental space

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Signature _____ Date _____

