

We hope you  
will join us  
again this year.



## VENDOR APPLICATION FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Space Size (10'x10"standard)

Painting \_\_\_\_\_ Graphics \_\_\_\_\_ Photography \_\_\_\_\_

Craft \_\_\_\_\_ Sculpture \_\_\_\_\_ Other specify \_\_\_\_\_

Please describe the work to be exhibited:

\_\_\_\_\_

Cost is \$50.00 per space for the event. Event is from 9 AM until 6 PM. No early take down prior to 6 PM will be permitted. Security will be provided on Friday night, March 17, 2017.

Please enclose your non-refundable registration fee, with your completed application.

**Registration deadline is February 28, 2017.**

For additional information, please contact **Marybeth 352-422-0265** or **Michele 352-628-0869**.

Please make checks payable to:

**The Rotary Club of Homosassa Springs Charitable Foundation, Inc.**

PO Box 2029 Homosassa Springs, FL 34447-2029

Exhibitors are responsible for Florida Sales Tax (6%), liability insurance, booth display (set up and take down), protection from sun, rain, wind and suitable behavior for a family event.

I HEREBY ACKNOWLEDGE AND UNDERSTAND THAT THE ROTARY CLUB OF HOMOSASSA SPRINGS OR ANYONE ELSE ASSOCIATED WITH THE EVENT CAN NOT BE HELD RESPONSIBLE FOR ANY LOSS OR DAMAGE TO MY WORK OR PERSONAL INJURY TO MYSELF OR ANYONE ACCOMPANYING ME TO THE EVENT.

Signed \_\_\_\_\_ Date \_\_\_\_\_