

Spoon River Valley Scenic Drive Associates Fall Festival

2021 REGISTRATION CONTRACT

www.spoonriverdrive.org rkost_1@yahoo.com

All clubs, groups or individuals wishing to participate in the Fulton County Spoon River Valley Scenic Drive Fall Festival are required to complete this form and submit with registration fee. Your cancelled check is your receipt.

SRVSD Association fees are 10% of NET profits. At time of registration a deposit is required.

#1) For ALL Vendors except Food Concessions the deposit is \$50. After Sept 1st, 2021 a \$25 late fee is added.

#2) For ALL Food Concessions the deposit is \$75. After Sept. 1st, 2021 a \$50 late fee is added.

ALL food concession are required to provide a certificate of product liability at time of registration.

PRIOR TO REGISTRATION, EACH DISPLAYER MUST CONTACT AN AREA REPRESENTATIVE CONCERNING:

- 1) Space availability 2) Set-up fees 3) Special needs

Contact information for the Area Representatives are on the reverse side of the greeting/rules letter.

All set-up fees are to be mailed to the site manager where you are to set-up.

** Check or Money order accepted only **

Make payable to Spoon River Valley Scenic Drive Fall Festival (SRVSD)

Mail to: Fall Festival Chr., Robbin Kost, 24472 N Carver Rd, Canton IL 61520

Questions: Contact Robbin Kost at 309-221-2799 or rkost_1@yahoo.com

NO REFUNDS AFTER SEPTEMBER 1ST * \$25.00 SERVICE CHARGE FOR ALL RETURNED CHECKS

Any additional voluntary past or current 10% fees over \$500 (#1) and \$1000 (#2) can be enclosed with this form or sent separately to the Fall Festival Chair. at above address, by November 1st, 2021.

The registration fees provide you with: 1) a listing in the official program book, must be received before June 1st, 2) a copy of the official program book, and 3) a contributor's sign which is to be displayed during the Fall Festival and Vendor Ribbon.

The SRVSD, Inc. fees are used for sanitation, brochures, promotions, publicity and Scenic Drive functioning.

Detach here Keep top portion for your records

PLEASE CHECK THE DAYS YOU WILL BE EXHIBITING

___ Saturday, October 2nd ___ Sunday, October 3rd ___ Saturday, October 9th ___ Sunday, October 10th

LOCATION INFORMATION

Arrangements have been made with the Area Representatives Yes ___ No ___

PLEASE CHECK AREA YOU WILL BE EXHIBITING AT

- ___ Avon ___ Duncan Mills ___ Farmington West ___ Pheasants Forever
___ Bernadotte ___ Ellisville (Town) ___ Lewistown (Marigold Meadows) ___ Smithfield (Red Brick School)
___ Canton (Town) ___ Ellisville (Hill Top Shoppe) ___ Lewistown (Town) ___ Smithfield (Town)
___ Cuba (Town) ___ Farmington Reed Park ___ Orchard Hill Farm ___ Vermont

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

Business Name (if any) _____ Phone (____) _____

Name _____ Phone (____) _____

Address _____ City _____ St _____ Zip _____

Briefly describe your product(s) _____

Will you be demonstrating? ___ If so, what? _____

Have you contributed any additional 2019 10% payment to the SRVSD? ___ Yes ___ No

2021 SRVSD FALL FESTIVAL CONTRACT ASSUMPTION OF LIABILITY

The undersigned, individually and/or as owner/agent for herein named registrant does hereby agree to hold harmless Spoon River Valley Scenic Drive Associates, Inc., recognized Area Representative, thereof and all other representative thereof and all other registrants for any and all liability to persons or property resulting from the participation of the undersigned in any and all activities under the sponsorship of Spoon River Valley Scenic Drive Associates, Inc.

I Accept All Rules and Regulations Attached (#1-#10) Including Assumption of Liability.

Print Name _____ E-Mail _____

Signature _____ Title _____

Registration Fee enclosed \$ _____ 2019 10% enclosed \$ _____ Advertising Fee Enclosed \$ _____

Total amount enclosed \$ _____

Contract must be signed - Unsigned applications and Deposit) will be returned