

# Spoon River Valley Scenic Drive Associates Fall Festival

2018 REGISTRATION CONTRACT

Revised 6/6/18

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 canceled check is your receipt.

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

- 1) For ALL vendors and Fulton County food concessions the deposit is \$50. **After Sept 1<sup>st</sup>, 2018 a \$25 late fee is added.**
- 2) For ALL non-Fulton County food concessions the deposit is \$100. **After Sept 1<sup>st</sup>, 2018 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 is on page 2 of this 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 (SRVSD)**

Mail to: Fall Festival Chr., Robbin Kost, PO Box 804, Astoria, IL 61501

Questions: Contact Robbin Kost at 309-221-2799 or rkost\_1@yahoo.com

**NO REFUNDS AFTER SEPTEMBER 1ST • \$15.00 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 Chr. by November 1<sup>st</sup>, 2018.

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
- 3) a contributor's sign and vendor ribbon which is to be displayed during the Fall Festival

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

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Detach here - Keep top portion for your records

## PLEASE CHECK THE DAYS YOU WILL BE EXHIBITING

\_\_\_\_\_ Saturday, October 4<sup>th</sup>    \_\_\_\_\_ Sunday, October 5<sup>th</sup>    \_\_\_\_\_ Saturday, October 11<sup>th</sup>    \_\_\_\_\_ Sunday, October 12<sup>th</sup>

### LOCATION INFORMATION

Arrangements have been made with the Area Representatives    Yes \_\_\_\_\_    No \_\_\_\_\_

Please check the area you will be exhibiting at

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Astoria                  | <input type="checkbox"/> Cuba                   | <input type="checkbox"/> Farmington (West)            | <input type="checkbox"/> Orchard Hill Farm   |
| <input type="checkbox"/> Avon                     | <input type="checkbox"/> Cuba Old Grade School  | <input type="checkbox"/> Ipava                        | <input type="checkbox"/> Pheasants Forever   |
| <input type="checkbox"/> Bernadotte               | <input type="checkbox"/> Duncan Mills           | <input type="checkbox"/> Lewistown (Marigold Meadows) | <input type="checkbox"/> Smithfield (School) |
| <input type="checkbox"/> Breeds                   | <input type="checkbox"/> Ellisville (Town)      | <input type="checkbox"/> Lewistown (Town)             | <input type="checkbox"/> Smithfield (Town)   |
| <input type="checkbox"/> Canton (Town)            | <input type="checkbox"/> Ellisville (Hill Top)  | <input type="checkbox"/> London Mills                 | <input type="checkbox"/> St. David           |
| <input type="checkbox"/> Canton (Ingersoll Manor) | <input type="checkbox"/> Farmington (Reed Park) | <input type="checkbox"/> Native Trails Winery         | <input type="checkbox"/> Vermont             |

Business name (if any) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

Briefly describe your product(s) \_\_\_\_\_

Will you be demonstrating? \_\_\_\_\_ If so, what? \_\_\_\_\_

Have you contributed any additional 2017 10% payment to the SRVSD? \_\_\_\_\_ Yes \_\_\_\_\_ No

## 2018 FALL FESTIVAL CONTRACT ASSUMPTION OF LIABILITY

The undersigned, individually and/or as owner/agent for herein named registrant do 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 on page 1 (#1-#11) Including Assumption of Liability.

Print name \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Registration fee enclosed \$ \_\_\_\_\_ 2017 10% enclosed \$ \_\_\_\_\_ Advertising fee enclosed \$ \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

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