

SAINT NICHOLAS GREEK FOLK FESTIVAL
520 South Ponca Street, Baltimore, MD 21224

Vendor Coordinator: Nancy Anastasiades

E-Mail: stnicholasfestivalvendors@gmail.com

Vendor/Company Name: _____

Point of Contact: _____

Phone: _____

Email: _____

VENDOR PARTICIPATION AGREEMENT

Number of spaces requested: _____

Total cost of space: \$ _____

*50% deposit due with contract submission

All vendors wishing to participate in this event must agree to the following conditions:

1. Vendors will be placed on the church festival site at the discretion of the festival committee. Spots will be assigned by the festival committee for the duration of the festival. Location changes may be requested pending availability of space.
2. Premium spaces include three tables (6' or 8') and two chairs. Please indicate the number of tables and sizes you will require. Non-premium spaces may rent tables for **\$15.00 each** and chairs for **\$5.00 each**. All tables and chairs will be available for pick-up at a central location(s).
3. Vendors are responsible for all items necessary to display their goods. This includes showcases, lights, tablecloths, extension cords for electricity, etc.
4. The church will not provide credit card verification services.
5. Vendors are responsible for timely set-up and breakdown of their space. Vendors are required to be operational on Thursday by 1:00 p.m. and must be cleared out of the area by 11:00 p.m. on Sunday. Vendors are responsible for leaving the church property in the same condition as it was prior to occupancy.
6. Vendors are responsible for all business transactions and are responsible for manning their displays, securing cash, etc.
7. Vendors are required to be in operation during festival hours.
8. The vendor is required to provide signage for the area occupied indicating the trade name.
9. Security will be provided on the site from Thursday at 9:00 a.m. through Sunday at 11:00 p.m.
10. The festival committee has hired armed security services starting on Thursday at 1 p.m. ending on Sunday at midnight. Baltimore City Police will have a presence on the festival site during their allotted city hours. There will also be patrol cars in the area during the afterhours.
11. The church shall not be liable for any theft, loss, damage whatsoever resulting from your occupancy of the leased space, including personal injury and property damage. Vendors should obtain insurance coverage for their own protection.
12. In order to assure the best conditions for vendors, each vendor is required to complete and submit a complete listing of all products to be sold at the festival. This list is to be submitted along with the executed vendor contract and non-refundable **50% deposit** with balance due by **Monday, May 9** 2016. If full payment is not received by this date, then the space will be offered to other vendors.
13. Vendors not complying with all of the above listed conditions may be prohibited from participating in future festivals as a vendor. Determination will be made by the Festival Committee.
14. Please make your check payable to the ST. NICHOLAS GREEK FOLK FESTIVAL. Mail your check and the signed agreement form to the church address listed above to the ATTENTION OF Vendor Coordinator. Confirmation of receipt will be e-mailed to you as soon as the Festival Committee receives the signed agreement form and the check has been cleared.

___ No. of tables required at \$15 per table = \$ _____ (Fee waived for Premium spaces)

___ Quantity 6' length

___ Quantity 8' length

___ No. of chairs required at \$5 per chair = \$ _____ (Fee waived for Premium spaces)

DETAILED LIST OF GOODS TO BE SOLD:

Submission checklist:

___ Fully executed vendor contract and signature page

___ Check made payable to the St. Nicholas Greek Folk Festival for 50% deposit

___ Detailed list of items to be sold at the Festival

Saint Nicholas Festival

Signature Page

My signature below indicates that I have read and agree with the rules and conditions stated above.

Signature of Authorized Vendor Representative

Date

Printed Name of Authorized Vendor Representative

Company Name

Address

Telephone Number

Cell Phone Number

Fax Number

E-Mail Address

Office use only:

Date received: _____

Deposit check cleared: _____

Balance received: _____