

2012 Norristown Arts Hill Festival

Vendor Registration Form

SATURDAY, May 5, 2012

10:00 AM to 5:00 PM DeKalb between Lafayette and Penn Streets
SET-UP: 7:00 AM to 10:00 AM

The Exhibitor agrees to pay the non-refundable fee of: Food Vendor - \$75, Retail Vendor - \$50 and Non-Profit Vendors - \$35 per space. There are additional requirements from the Montgomery County Health Department for all those serving food, which is attached to this registration. Please fill out the Hold Harmless form, and if applicable, the Health Department form and return with the registration form. Registration fee must accompany your forms.

- Norristown Arts Hill will provide each Exhibitor with one 10-foot space. You provide your table(s) and chairs. No electricity is available.
- All exhibitors are to set up at the designated times only. No vendor will be permitted to enter the display area prior to 7:00 AM without special arrangements with the committee prior to the day. Please arrive in time to complete the set up by 10:00 AM. All cars, trucks, etc. must be off the street by 9:30 AM. Set up must be completed by 10:00 AM. All paper and trash must be removed at the end of the celebration.

The Norristown Arts Hill and all its designees and the Municipality of Norristown shall have absolutely NO LIABILITY for any and all claims for loss or injury which may be caused directly or indirectly in connection with any activities carried on during the Norristown Arts Hill Festival.

Please return your completed forms with your payment by April 1, 2012 and made payable to:
NORRISTOWN ARTS COUNCIL, 208 DeKalb St., Norristown, PA 19401.

For further information call: 484-961-0884 or email: info@norristownartshill.org

Name of Vendor _____ Contact Person _____

Address _____ State _____ Zip _____

Phone (h) _____ (w) _____ FAX _____ E-mail _____

(Above information is very important to fill out completely)

Type of Display/Product _____

Food Vendor: YES NO If yes, Type of Food _____

Equipment you will use(generator, propane stove, etc.) _____

Amount enclosed \$ _____ for _____ space(s) Non-profit EIN # _____

Signature of applicant _____ Date _____

For Office Use Only

Received by: _____ Date: _____ Amount \$ _____ Check # _____