**Battle of the Best**

Vendor Application

Company Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Items sold/distributed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of liability and hold harmless agreement**

I understand by signing below, I am agreeing to the rules of this event

* Set up time 9:00am
* Tent table and chair are vendor responsibility
* Items and decorations and any give-a-ways are family friendly
* I am responsible for items and money I take in during event
* My table must be attended
* My table will remain open until 1:30
* Vendor fee is non-refundable

Vendor placement will be emailed to you upon receiving this application and $30.00 booth fee. Fee is payable online at [www.aofm-hannahshouse.org](http://www.aofm-hannahshouse.org) donate button or make check payable to AOFM. Mail check to P.O. Box 339 Wauchula, Fl. 33873. Payment must be paid in full by October 16, 2024, to reserve your space.

The undersigned, by way of signature, acknowledges and states that he/she participates in this event agrees to be liable for any damage or injury to self or helpers participating at their booth for this event.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_