



SENIOR TENT/ROW BOOTH APPLICATION

PLEASE PRINT LEGIBLY

NAME & VENDOR NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

TYPE of BOOTH (describe activity): _____

- _____ Senior Tent - \$300 (10x10 space within large Senior Tent; 1 table & 2 chairs provided)
- _____ Senior Row - \$ 75 (exhibitor provides own 10x10 tent, chairs, tables, etc)
- # of 10x10 booth spaces needed: _____ x amt = _____ **LATE FEE** after 9/27 - \$10 _____

I am enclosing \$ _____ I am using PayPal payment option \$ _____

Make checks payable to: **Southwest Community Festival** and return with completed application. PayPal option available – be sure PayPal payment name is referenced in application name above.

1. "In the event of an extreme event(s), including EXTREMELY inclement weather, such that the SWF Committee decides that persons and/or property may be endangered by continuation of the festival, the right is reserved by the SWF Committee to cancel the event. Pre-paid fees will NOT be refunded should such a cancellation occur and the vendor agrees to this policy by its submission of application."
2. The applicant agrees to abide by the rules and regulations of the Southwest Community Festival that are included with this application packet.
3. Liability Insurance is the responsibility of the exhibitor.
4. The SWF does not have a "KY Gaming License." The applicant warrants that it will not have in their booths or otherwise, any game of chance, any type of raffle requiring payment, or any type of gaming/gambling.

"To the extent of its fault or strict liability, the Sponsors and the Southwest Community Festival, their agents, successors, representatives and assigns, to the extent provided by law, will release, indemnify, defend, protect, and hold each other, their affiliates, and their respective officers, directors or employees, harmless from losses, costs (including reasonable attorney fees and court and arbitration costs), expenses, claims, demands, liabilities and causes of action of every type and character arising out of the Agreement for personal injury, illness or death or loss of or damage to property."

Applicant Signature _____ Date _____

Electronic signature and submission verifies that all information is correct and the "Rules & Regulations for Vendors" have been read, understood and agreed to.

Return completed application and check to: Ray Crider, Booth Chair
1120 Fraelm Rd, Louisville, KY 40214
502-592-0682
swcf-ky@gmail.com
www.swcf-ky.org