

STORMVILLE AIRPORT'S
WINE, CIDER
FOOD TRUCK & CAR SHOW
Festival

Craft Vendor Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email: _____

Space(s): _____ 20x20 space \$75.00

Type of Booth and Description: Please indicate type and provide description, photos.

_____ Art and Craft _____ Specialty Food

_____ Business _____ Other

Please give detailed description of your products/services and include a photo:

SEND APPLICATION, PAYMENT AND SELF-ADDRESSED STAMPED ENVELOPE TO:

**Stormville Airport's Wine, Cider, Food Truck & Car Show Festival, P.O. Box 175, Stormville, NY 12582
Phone 845-226-1660**

DEADLINE FOR APPLICATIONS SEPTEMBER 22, 2017

APPLICATION CHECKLIST: Please mail the following items

- Application
- Money Orders only.** No checks. Make Money Orders payable to **Events and Concessions, Inc.**
- Stamped, self-addressed envelope
- Photo of your setup

LIABILITY RELEASE

Events and Concessions, Inc.; any owner or operator of Stormville Airport; and their respective shareholders, directors, officers and employees shall not be responsible for any accidents, injuries or damages of any kind to me or my immediate family members, agents, employees or contractors arising from any acts or omissions of third parties, including any acts or omissions of other persons and customers renting spaces at Stormville Airport's Wine, Cider, Food Truck & Car Show Festival.

I agree to defend, indemnify and hold harmless, Events and Concessions, Inc.; any owner or operator of Stormville Airport; and their respective shareholders, directors, officers and employees from and against any and all suits, claims, proceedings and demands in connection with any accident, injury or damage whatsoever caused to any person or property arising, directly or indirectly, from any wrongful, tortious, illegal or negligent act or omission by me or my volunteers, immediate family members, agents, employees or contractors, and from and against any and all costs, expenses and liabilities (including reasonable attorneys fees) incurred in connection with any such suit, claim or proceeding.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE BY READING IT BEFORE I SIGN IT.

Company Name

Signature of Participant

Date

Print Name