

PLEASE COMPLETE AND RETURN WITH CHECK, MONEY ORDER OR CASHIERS CHECK

APPLICATION FOR SET-UPS

35th ANNUAL SIMON KENTON FESTIVAL
OLD WASHINGTON, KY

September 17th & 18th, 2011

ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE CONSIDERED

Name of Business or Organization: _____

Name of Contact Person: _____

Address: _____

Email Address _____ Phone _____

Fax _____ Date _____

List items you will be selling or demonstrating. **Be specific**, for your benefit we do not want to place like Artisans/Crafters together.

Total size of set up and selling space. We are only allowing tents and open space. **No** trailers, vans buses etc. will be allowed. (Unless food vendor. Please call for approval)

Length _____ Depth _____ Height _____

If you need a selling space larger than 20', you will need to reserve 2 spaces.

Number of 20' spaces needed: _____

~~Electricity~~ As we have a limited amount of outlets, please request electricity **only** if you need it to operate your booth. Please indicate the number of plugs you will need.

110 volts _____ 220volts _____ Using Own Generator _____

Sorry, all electric spots are taken at this time!

~~You are required to bring your own extension cords. "Wiring in" is not allowed or possible.~~

~~Please call if you need a 220 outlet, this way I can get you a picture of the outlet. You will be responsible for having the proper plug.~~

Using your own generator for power helps us to place you in prime locations easier.

Briefly describe your set-up. Attach photo if desired:

INSURANCE RESPONSIBILITY LIES WITH EACH EXHIBITOR. The exhibitor agrees that he/she will save Maysville Mason County Convention and Visitors Bureau harmless and free from damages by reason of liability occasioned by an act or omission, neglect or wrong doing of the exhibitor. Exhibitor will at his/her own expense defend and protect the Maysville Mason County Convention and Visitors Bureau against any and all such claims and demands. The exhibitor also agrees that the above named will not be held responsible for fire, accidents, theft, breakage or any other accident incurred by the exhibitor at any time caused negligently or willfully and the above named are released from liabilities and responsibilities. This includes set-up and dismantling. Exhibitor signifies agreement to the above by placing name on bottom of form.

Make check, money order, or cashier's check payable to The City of Maysville – Simon Kenton. The fee is \$50.00 per space (*Non-refundable*)

Send to:
Suzie Pratt
216 Bridge Street
Maysville, KY 41056

Deadline: September, 7th 2011

For more information Phone (606) 564-9419 Ext. 308
Email: suziepratt@maysvilleky.net

Approximate day and time of arrival: _____

Signature: _____