

HOLIDAY SHOPPING & ARTISAN EVENT



OCTOBER 28, 29 & 30 2016
FRIDAY & SATURDAY: 10AM-9M, SUNDAY 11AM-6PM
7200 Harrison Avenue, Rockford, IL 61112-1017

Area Artists, Crafters, Gourmet Food experts and other exceptional vendors are welcome.

BUSINESS NAME	AND	CONTACT NAME
COMPLETE MAILING ADDRESS		CITY
STATE	ZIP	
BEST PHONE NUMBER	AND	E MAIL ADDRESS
<ul style="list-style-type: none">Space size is approximately 10 by 10. You must supply your own tables, chairs, BLACK TO THE FLOOR TABLE COVERINGS and set-up supplies. Booths may remain overnight at owner's risk. You are responsible to secure your items at night.No tents or handwritten signs allowed.Enter through Dock doors only.You must be in attendance for the Event during the above listed hours; on time arrival and no early departure.You cannot hang anything on walls or pillars. All set up supplies (boxes, carts, bags, tape, etc.) must be removed from view by show opening.Electricity is limited. All cords must be taped down and meet mall safety standards.There are absolutely no refunds.You are responsible for any special safety permits and needed insurance.Registration will not be considered without completed application form and payment. Absolutely no refunds!Final acceptance of application & space assignment will be determined by management and is not guaranteed.		
◀ REQUIRED: LIST WHAT YOU PLAN TO SELL. USE SEPARATE SHEET IF NECESSARY ▶		

TOTAL WEEKEND FEE: \$200 per Space (Space assignments subject to change)

THERE WILL BE AN ADDITIONAL \$25 CHARGE FOR ELECTRICITY.

"ONE DAY" SPACES AVAILABLE AT \$100 PER DAY. CALL FOR MORE INFO

Of Space Required: ____ • Electricity needed? Yes No

Amount Enclosed: _____

I agree to bear all risk and expense for any damage, loss or theft of the artwork or other personal property, or injury to my person, or any person, regardless of cause. I agree to staff my display all hours of the fair. I understand that no refunds will be made if I decide to withdraw from the event. I further agree to hold Cherryvale Mall, CBL and Associates Properties, Inc. and Make It Happen DuPage, LLC harmless and to indemnify said associations for any and all claims arising under this permit. I agree to all terms on this contract.

Applicant Signature:

Date:

TO REGISTER, PLEASE SEND REQUIRED PAPERWORK AND PAYMENT TO:

Make It Happen Pronto

PHONE: 630 235-1376 (Angela B. Smith) FAX (217) 689-2271

PO Box 2935 ♦ Glen Ellyn, IL ♦ 60138-2935 makeithappendupage@gmail.com