

# 8<sup>th</sup> Annual Cantonment Arts & Crafts Festival

**October 8, 2022 – 9am-3pm**

*Pine Forest Assembly of God*

*3125 Pine Forest Road – Cantonment, FL 32533*

*850-476-1378*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Please describe your art, craft or product:

Would you like to donate an item to be a door prize at the festival? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe the item: \_\_\_\_\_

All spaces are approximately 10x10.

**Electricity is not provided.**

A limited number of tables are available on a first come, first served basis.

***We do our best to limit licensed products (Scentsy, Thirty-One, Origami Owl, etc.) to one vendor per show.***

***If this applies to you, please call to verify an opening for your product prior to sending payment.***

Outdoor Space - \$50 each      Number of Spaces \_\_\_\_\_ Cost \_\_\_\_\_

Inside Space - \$55 each      Number of Spaces \_\_\_\_\_ Cost \_\_\_\_\_

Table Rental - \$5 each      Number of Tables \_\_\_\_\_ Cost \_\_\_\_\_

Total Cost \_\_\_\_\_

Please return your signed application along with payment payable to:

***Pine Forest Assembly of God, Attn: Arts & Crafts, 3125 Pine Forest Road, Cantonment, FL 32533.***

## **Liability Release**

Pine Forest Assembly of God will not be responsible for any personal injury or property damage to the undersigned vendor or others involved in the vendor's participation. By participating in any activities on or related to property owned or operated by Pine Forest Assembly, you will assume all risk associated with any injury or damage that may occur. Pine Forest Assembly will not be held liable for any lost or stolen property. In the event there is a claim of any type made or filed, you and your family must agree to hold harmless and indemnify Pine Forest Assembly from any claim of any type for damages and attendant costs or attorneys' fees. Consideration for assuming such obligation will be permission for your participation in the activity.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Space # Reserved \_\_\_\_\_