

# Spring City Chamber of Commerce

## 2<sup>nd</sup> Annual Autumn Festival

**Event Date:** Saturday, October 21, 2017 / 9am-til Dark

**Location:** The Depot Lawn, in Downtown Spring City, TN

**Sponsor:** Spring City Chamber of Commerce

**Contact:** Office (423) 365-5210; [www.springcitychamberofcommerce.com](http://www.springcitychamberofcommerce.com)

Booth space is approximately 15' X 15' and the fee is \$20.00 per craft vendor space, and \$25.00 per food vendor space. Electricity is first come first serve upon request at time of application being returned to the Chamber Office.

There will be no refunds for cancellations made after the Wednesday before the event. Spaces are assigned prior to the show by the Spring City Chamber of Commerce. Event will be held Rain or Shine! ALL product categories must be itemized on the application. Trash must be removed from your space.

Please mail completed registration form and check or money order payable to:

**Spring City Chamber of Commerce**  
**PO Box 355**  
**Spring City, TN 37381-0355**

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### PLEASE PRINT

Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Do you need Electricity? \_\_\_\_\_

Example of items to be sold:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I understand and agree with the following: I am applying to participate as a vendor in the above mentioned show. I may not be accepted to this show. Acceptance into the show is at the discretion of the Promoter. I will follow all rules and regulations of the venue, the promoter, and other appropriate parties. If I do not adhere to all regulations or if I misrepresent myself or my work, I will be asked to leave the show. Until I receive confirmation from the show's promoter, I will not consider myself to be accepted to this show. I agree to indemnify and hold Spring City Chamber of Commerce, Michelle Ray, Town of Spring City, affiliates, officers, agents, co-branders or other partners, and employees, harmless from any claim or demand, including reasonable attorneys' fees, made by myself or any third party due to or arising out of my applying to this show, participating in this show, or my violation of any rights of another party.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_