

Pope County's Annual Deer Festival 2023 Vendor Application Form

63 Years & Counting - now sponsored by Main St. Golconda

Your Name/ Business Name:	
Mailing address:	
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Business Facebook Page @	
Instagram @	
Phone :	Email:

What category best fits your booth?

Food/ Drinks	Handmade Crafts	Antiques/ Collectibles
Promotional (clubs, political parties, causes, etc.)	Consultant (Avon, Pampered Chef, Sentsy, etc)	Kids Fun (carnival games, face paint, bounce house, balloons, etc)
Baked goods/ canned goods	Farm Fresh Goods (plants, produce, etc)	□ Other:

Describe what you will offer at our festival:

Are you selling from a vehicle?	' Circle one:	YES	or	NO	

(food trucks, truck beds full of corn, etc.)

How many 10x10 booth spaces do you require?

Each 10 x 10 space is \$30 paid in advance (+\$10 for electric) or \$40 (+\$10 for electric) on the day

of the event. Please mail forms with signature on back page & payment to: Main St. Deer Fest -

P.O. Box 482, Golconda IL, 62938

Hold Harmless Clause

Please sign and return this Hold Harmless Clause with your application, signifying you have read all the festival rules and procedures. We look forward to seeing you at the Golconda Fall Festival!

- Vendor will use appropriate equipment and exercise due care in all its activities and agrees to comply with all applicable local, state, and federal laws, rules and regulations.
- Vendor agrees and covenants to indemnify, defend, and hold harmless the Main Street Golconda Inc, City of Golconda, Pope County, and all of their officers directors, volunteers, officials, employees and agents from and against any and all liabilities, claims, losses, expenses, and causes of action of whatever nature of type (including but not limited to causes of action based upon, strict liability or otherwise) and all attorney fees, costs, and expenses incidental thereto, which may arise or in any way be connected directly or indirectly with Vendors participation in the festival. This indemnification is absolute personal to the Vendor and is not limited by the insurance coverage which Vendor must have in place.

Business Name: _	
Name Printed:	
Signature:	
Date:	