

# 2016 Halloween Spooktacular



## Food Vendor Application

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

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Items for Sale: \_\_\_\_\_

\_\_\_\_\_

**October 28, 2016**

**10 X 10 or 20 x 10 BOOTH FEE: \$25.00 (specify booth size)**

Along with completed application, please include a photo of your booth display as it will appear at the festival. If you do not have a photo of your booth display, please provide a list of the items that will be sold. Photos will become the property of the Spooktacular and will not be returned. By signing this application, you agree that photos may be used for advertising the festival.

### **Waiver and Liability**

I understand and acknowledge that participation in this event can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the Winder Downtown Development Authority, the City of Winder, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death or property damage suffered by me or that I cause to others, as a result of my participation in this event. I, the undersigned, agree, without any right of payment or editing, to allow the City of Winder and the Winder DDA to use the images of me and/ or my children, including reproductions of photos, video, audio or other reproductions, for use in all types of media for public relations purposes to promote the festival.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed vendor application and check payable to the *City of Winder*, and remit to:

**The City of Winder**  
**Halloween Spooktacular**  
Attn: City Clerk's Office  
25 E. Midland Ave.  
PO Box 566  
Winder, GA 30680

For more information please contact April Plank at  
(678) 425-6805 e-mail: [april.plank@cityofwinder.com](mailto:april.plank@cityofwinder.com).

