

6th Annual Hillsborough Chamber of Commerce
Schnitzelfest
27 September 2008

Vendor Application Form

BUSINESS NAME: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Your Craft: _____

(no sales of items using Schnitzelfest logo allowed without prior approval)

Terms of Agreement:

I accept all responsibility & liabilities for any & all persons injured inside/around my set up.
I accept all responsibility & liabilities for any damage done to property by the props or
equipment that I am using.

I release the Hillsborough Chamber of Commerce and property owners from any and all
claims due to loss or injury to me while participating in this event.

I have read these rules for this event and agree to abide by them.

(signature)

(printed name)

(date)

1 vendor booth is a 10' X 10" space. You will need to supply your own table,
chair & tent (**no stakes in ground are allowed**). **Set up is 9am, tear down is
5pm**

Cost: \$25 Payment must be made in advance. Send checks made payable to:
Hillsborough Chamber of Commerce, PO Box 541, Hillsborough, NH 03244
603.464.5858

**NOTE: ALL VENDOR FEES GO DIRECTLY TO THE
HILLSBOROUGH FOOD PANTRY RECONSTRUCTION PROJECT**