



Food Vendor Contract

WHEN: Saturday, September 10, 2011...
WHERE: 2100 block E. State Street, Rockford, between Shaw & Washington Sts.
TIME: 8:30 a.m. to 4:00 p.m. Set-up times – Friday evening for preliminary set-up, and 6:30-8:15 Saturday a.m.

OUTSIDE SHOW – RAIN OR SHINE

Spaces are limited. Registration fee is \$25.00 + \$15.00 for electric if needed, + 10% of gross sales. Deadline for registrations to be listed in promotional materials is July 26th, 2011 on first come, first served basis. Fees will include the space and publicity. All booth spaces are 10' x 18'. **SPACE FEES ARE NON-REFUNDABLE. \$50.00 health department permit fee will also be required. Permits will be sent out in August.** All vendors must bring your own set-up. Tables may be rented from the *Alley Walk* Committee. Please check all appropriate boxes below. **Make all checks payable to Bethesda Alley Walk**, and return to:

Bethesda Alley Walk
 2101 E. State Street
 Rockford, IL 61104

- =====
- _____ **Food Vendor, \$25.00 + 10% gross sales**
 - _____ **Table Rental @ \$12.00 each (8' long)**
 - _____ **Electricity \$15.00**

The undersigned exhibitor agrees to hold harmless and indemnify the Bethesda Alley Walk and any authorized agents thereof from and against any and all claims, loss, damage to any property on or at the location of the Bethesda Alley Walk to which this agreement relates, and arising out of any act or omission of the exhibitors, or any of its agents or employees. Exhibitor also agrees to use due and reasonable care to keep the area of exhibitor's station neat, orderly and free from foreseeable hazards to persons or property. Exhibitor agrees that he/she/it shall be solely responsible for any damage, loss or theft of any display items which are the property of exhibitor, and further agrees that the Bethesda Alley Walk will not be responsible for any such loss, damage or theft of items or property of exhibitor at the location. Exhibitor further agrees to abide by and follow all rules and regulations of the Bethesda Alley Walk Committee.

Signature _____ Date _____
 Name _____
 Name of Organization _____
 E-mail address _____
 Tax I.D. # _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone # _____ Business Phone# _____
 Items to be sold (NO DRINKS) _____

NOTE: Please check which information is to be included with your name in the program.

ADDRESS
 TELEPHONE

The bottom portion of this contract must accompany the necessary fees. If you wish the committee to know additional information, please place on back of this form.

BETHESDA EVANGELICAL COVENANT CHURCH, 2101 East State St - Rockford, IL 61104
 815/397-4212 bcov@BethesdaCovenant.com www.BethesdaCovenant.com