

Clayton County Library System

Vendor Application Form



To reserve a vendor table, please complete the following application form. All information is required, incomplete applications will not be processed. Please note that table locations are assigned on a first-come, first-served basis.

PLEASE FILL OUT THE FOLLOWING:

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Fax _____

Vendor Name or Association _____

Name of lead Vendor _____

Can you provide give-a-ways for door prizes? Yes No

Time of arrival to set-up is **8:30 AM**

RATES

	Number	Total
6ft Merchandise Vendor Table 2 Chairs (Included per table)	\$20.00 x _____	= \$ _____

PAYMENT

Total Amount Due \$ _____

We accept cash only, a receipt along with a table confirmation will be issued once payment is given

Billing Address _____

READ & SIGN

Full payment is due upon execution of this Application. All fees are deemed fully earned and are non-refundable. Cancellation by Sponsor/ Advertiser does not relieve Sponsor/Advertiser of liability for full payment of fees, notwithstanding the loss of Sponsor/Advertiser package benefits.

RELEASE:

WAIVER OF LIABILITY: In consideration of your accepting this application, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors and administrators, waive and release any and claims for damages I may have against the Clayton County Library System, Headquarters Library and their agents, successors and assigns for any and all injuries suffered by me in this event.

Signature _____ Date _____