



Cooperstown Chamber of Commerce
Main Street Cooptoberfest
Saturday, October 7, 2017
Main Street Cooperstown



VENDOR AGREEMENT

We the undersigned company ("Participant"), having read and agreed to the terms and conditions of participation, *including those set forth on the back of this Agreement*, wish to reserve and contract with the Cooperstown Chamber of Commerce for participation at "Main Street Cooptoberfest" (the entire event hereinafter referred to as the "Event").

NAME, COMPANY OR ORGANIZATION NAME

EXHIBIT NAME (IF DIFFERENT)

STREET ADDRESS

TELEPHONE #

DAY OF EVENT CELL #

CITY, STATE

ZIP CODE

EMAIL ADDRESS

SIGNATURE OF PARTICIPANT

WEBSITE ADDRESS

NUMBER OF SPACES #: _____

AMOUNT: _____

I would like # _____ 8ft tables provided for me (\$10 per table rental)

Participation Information: *(Please select one of the following)*

- Arts & Crafts Vendor Participation in MAIN STREET COOPTOBERFEST: \$75**
- Food Vendor Participation in MAIN STREET COOPTOBERFEST: \$100**
- Non-Profit Participation in MAIN STREET COOPTOBERFEST: \$50**
 - o **IMPORTANT DETAILS:** *Setup between 7am and 9:30am Saturday, October 7th. Space assigned by event organizer. One 8' table provided if requested, you must bring a tent and anything else needed to operate your booth. Additional tables may be provided for an additional fee upon request. NO POWER IS AVAILABLE. Food vendors must have a current or one-day Otsego County or NYS Department of Health Certificate. All vendors must submit a permit application to the Village of Cooperstown.*

TO VALIDATE THIS RESERVATION:

1. All participant space reservations require **PAYMENT-IN-ADVANCE AND payment with this signed agreement.**
2. All participant space assignments will be made solely by **The Cooperstown Chamber of Commerce** **ABSOLUTELY NO SPACE LOCATIONS ARE GUARANTEED.**
3. Products/Services to Be Sampled/Exhibited: _____

Participant agrees that there will be no change in product/services as described above, without written permission from the organizers. Payment must be received with agreement. All agreements and contracts are non-cancelable by participant and no refunds of payment will be made.

PARTICIPANT SIGNATURE / DATE

COOPTOBERFEST REPRESENTATIVE / DATE

Print Name: _____ **Title:** _____ **AMOUNT:** ____ ++ _____

FORM of PAYMENT: CHECK# _____ CASH _____ MC _____ VISA _____ AMEX _____ DISCOVER _____

NAME AS IT APPEARS ON CARD

CHARGE# _____ **EXP. DATE** _____ **3-Digit Security Code** _____

SIGNATURE _____ **DATE:** _____

Checks should be payable to: Cooperstown Chamber of Commerce
Mail payment to: 31 Chestnut Street, Cooperstown, NY 13326