

CUMBERLAND COUNTY COOPERATION FAIR ASSOCIATION

Mailing Address: P.O. Box 1423, Millville, N.J. 08332

Physical Address: 3001 Carmel Rd., Millville, N.J. 08332

Telephone Number: (856) 825-3820

Fax Number: (856) 765-7123

Website: www.cumberlandco.fair.com

CRAFTERS APPLICATION

Crafters may sell their wares for 1-5 days during the week of: **July 4 - 8, 2017**

Hours of Operation:

Tuesday 4:00 p.m. - 11:00 p.m.

Wednesday: 1:00 p.m. - 11:00 p.m.

Thursday: 4:00 p.m. - 11:00 p.m.

Friday: 4:00 p.m. - 12:00 p.m.

Saturday: 11:00 a.m. - 12:00 p.m.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Fax: _____

List items to be sold:

1. The Fair runs, rain or shine. **No refunds of any kind for any reason.**
2. You must supply: Canopy, table(s) chairs, set-ups, lighting, extension cords (note: extension cords must be heavy duty). (There is 24 hour security at the gates).
3. You must be set-up at least ½ hour before Fair opening, each day.
4. NO personal vehicles are permitted within the fairgrounds during operation. (There is reserved Vendor Parking. Enter at Gate 3).
5. Loading and/or Unloading: You must have your vehicle off the midway at least 1 hour prior to the

gates opening.

6. You must keep your area clean and free of debris and hazards at all times.

7. Space size is approximately 10' x 12' @ \$_____ for the week.

8. Additional information pertaining to lodging, directions, etc., can be found on our website at www.cumberlandcofair.com.

9. The space will be determined by the Fair. **Payment and Insurance Certificates must be received with the signed Contract.** If a Certificate of Insurance is required: It must be for ONE MILLION DOLLARS. Insured: Cumberland County Fair, Cumberland County freeholders and City of Millville.

10. Checks must be payable to: **Cumberland County Fair Association.**

By signing this Contract I agree that I have read it, understanding it, and agree to all terms and conditions as stated herein.

Signature

Printed Name of Person Signing Contract

Signature of Fair Representative

Printed Name of Fair Representative/Title

Date: _____

Office use: Payment \$_____ on ____/____/20____ By: _____ Passes issued: _____