2015 Arts & Craft Fair Exhibitor Agreement



Cedar Creek Mall

10101 Market St. Suite A5 Rothschild, WI 54474 Phone: 715-551-2502 (Tanya) Email: Tanya.cedarcreekevents@yahoo.com

Dates: April 25th-26th, July 18th-19th, September 19th-20th, December 5th-6th **Show Hours:** Saturdays: 10:00am-4:00pm Sundays: 11:00am-4:00pm **Vendor Set-Up**: Saturdays: 8:00am-start of show.

Show Guidelines:

The Cedar Creek Mall has the final decision regarding acceptance or denial of exhibits. Booth subletting is not allowed. All show decisions including booth location are made by Cedar Creek Mall. **No protrusion of booths, exhibits, chairs, etc. in aisles. No early tear downs! Booth Fees are due 30 days prior to the show!** Fees will be refunded, less a \$25.00 service charge, if booth(s) are cancelled more than 30 days in advance of the show. Booth Fees are non-refundable when and if a vendor cancels in the last 30 days prior to the show. A NSF Fee of \$35 will be charged for any bounced checks.

By signing this contract you and your organization agree to indemnify, save, keep harmless and defend Midland Management LLC, Cedar Creek Partners, LLC and its employees against any and all liability claims, costs of whatever kind and nature, for injury or death of any person or persons and for loss and damage to any property occurring in connection, or in any way incident to, or arising out of, or in connection with the activities contemplated by this contract. It is suggested but not required by Midland Management LLC, Cedar Creek Partners, LLC for all exhibitors to hold liability insurance in the case of any injury, loss of items, damages etc.

This contract is not valid until accepted in writing by The Cedar Creek Mall. A payment of \$65.00 per booth space per show must accompany all contracts. It is suggested that v endors supply own tables & chairs; however Cedar Creek Mall does have a small supply of tables and chairs that may be rented at a small cost. First come first serve.

Exhibitor Information- Please print legibly

Vendor Name:	Busine	ess Name:		
Address:		_ City:	State:	Zip:
Phone:	Email:			
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If the number of booth spaces wi booth spaces.) you would like to secure yo ill vary for each show, please make Dec <u>MONEY ORDE</u>	e note of that on this form indicat	5	,
				n be mailed to:
	x\$65.00 =	Cedar Creek Part	10101 M	arket St. Ste. A5
Number of Tables:	x\$10.00 =		Koths	child, WI 54474
Number of Chairs:	x\$2.00 =			
Electricity Is FREE!	Total Due:	Exhibitor Signature/Date		