

July 26th & 27th, 2024



Craft Vendor Business Name: _____

Contact Person: _____

Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Will Accept Text Messages (Y) _____ (N) _____ Sales Tax Number: _____

Email Address: _____

Days Attending: _____ Friday, July 26th _____ Saturday, July 27th

Time Recommendations: Craft Vendors- Friday 3pm-Dark, Saturday 8am-Dark

Description of items being sold and or marketed: _____

\$30 per lot (10'x10') until 5/31, \$40 per lot (10'x10') after 6/1

Number of lots needed: _____ One _____ Two _____ Three

Electricity Required: (if needed) _____ 220 _____ 110

Space Desired: _____ 1st Choice _____ 2nd Choice _____ 3rd Choice

Spaces are available on a first come first served basis. We will try to do our best to accommodate your needs, however we **cannot** guarantee reservations of the space you indicated from above.

I agree and hereby waive, release and discharge the City of Wilson, Wilson Czech Festival Committee, its directors, employees, volunteers, legal representatives & successors, and all business associates and partners involved in the presentation of the above noted from all liability for or by reason of any damages, loss or injury to person and property, even injury resulting in death, which has been or be sustained in consequence of participation in the Wilson After Harvest Czech Festival. All federal, state and local laws governing retail sales tax must be followed. Furthermore, I agree to comply with all rules and requirements as stated. The Wilson Czech Festival Committee and its volunteers have the ultimate and final decision regarding in actions during the festival and reserve the right to deny participation to any individual without reason.

Authorized Signature: _____ Date: _____

Printed Name: _____

Amount Enclosed: _____ Check #: _____ Paid with Card: _____

Please make checks payable to Wilson Czech Festival PO Box J Wilson, KS 67490

