



WELCOME VENDORS ON SATURDAY JUNE 26, 2010!
ENJOY SUMMERS ARRIVAL PROMOTING YOUR SPECIALTIES!
MIDSUMMER FESTIVAL @ VASA PARK SATURDAY
1 WOLF RD left off rt. 46W, PAST LAKE IN BUDD LK NJ 07828

(Print or type)

Business name: _____ **Contact person:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Business phone: _____ **Home/cell:** _____

*Electric required \$10? Yes: ___ No ___ bring #20 cord 100 ft min. Addl vendor passes \$5 _____

Reservation \$50 10 X 10 space Total: _____

Food vendors need to get permit from Mt Olive twp before June 1 (\$50)- 973-691-0900.
 Setup Friday afternoon or Sat 6-10:30am. Set up by 10:30 sharp. Vehicles take 2nd entrance to unload, then park behind pavilion up along tree line. Doors open to public 11 am. Vendors **must** stay open until 6...welcome to stay until dusk. **Bring own tables and tent (recommended)**. Rain or shine. SAHS will assign vendors to designated 10 x10 spaces. First come first served. Vendors get 3 park festival passes free. Add'l \$5. Application deadline June 18. Non Profits advertising space is FREE. Participants may place Business Ads on our website for add'l \$30 annually www.sahsnj.org

What products or services to be sold:

Signature: _____

Date: _____

Print name: _____

Note: Vendors will take responsibility for any loss or damage to their materials, money or any possessions. At no time may tables be left unattended. By placing his/her signature on the application, vendor agrees not to hold the Scandinavian American Heritage Society, SAHS members, SAHS officers, SAHS Celebration Committee and the members and staff and all VasaPark workers responsible for any loss, damage or injury incurred and from any and all liability claims, cost and attorney fees arising from the celebration on said day of the celebration and any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the celebration. No refunds. SAHS donation tax deductible. SAHS USE ONLY

Date application received: _____

Check Number: _____

Confirmation Number: _____

CONTACT:

email: sahsvendor@yahoo.com
 or 201-567-1619

Write check to:

SAHS (Scandinavian American Heritage Society)

Mail to vendor chair address:

303 Pin Oak Ln
 Tannersville PA 18372-9118