Wellness Fair Application

We are looking forward to your participation in the Wellness Fair presented by Maplewood Loves Wellness on Saturday, October 13, 2012 from noon until 3:00PM. The event will be held on Oakview Avenue in Memorial Park. There is no rain date.

To ensure that the fair runs smoothly, we ask you to comply with the following:

1. Vendors arrive and set up between 10:30am and 11:00am on fair day. Exhibitors should remain with their booths for the duration of the event.

2. To keep participation costs to a minimum, we ask that vendors supply their own chairs, tables and tents. *If this is a problem, please contact the organizers who will try to make alternative arrangements.*

3. Vendors must provide one week's notice to cancel (October 6th). Participation fees are non-refundable after Saturday, October 6, 2012 unless the fair is cancelled by the organizers because of rain.

4. Maplewood Loves Wellness & the Township of Maplewood shall not be held liable for any damages and/or injuries incurred by any exhibitor while on the fair site.

5. All applications, contracts and payments, once accepted, will ensure space on a first come first accepted basis. ***THE FINAL CLOSING DATE FOR ALL VENDOR APPLICATIONS IS SEPTEMBER 28, 2012.***

6. Access to on-site power is limited and restricts vendor location. If you absolutely need power, please contact us for arrangements.

7. NO RAIN DATE IS SCHEDULED. Refunds will be available ONLY IF THE FAIR IS CANCELLED BY THE ORGANIZERS. PLEASE CHECK YOUR EMAIL ON October 13th AT 7:00AM FOR CANCELLATION INFORMATION.

For any questions, email ILarrier@Twp.maplewood.nj.us

(over)

VENDOR/ORGANIZATION/PARTICIPANT NAME:

_____

DESCRIPTION OF YOUR ACTIVITY, PRODUCTS OR SERVICE (Please be specific) :

_____

_____

CONTACT NAME: _____

EMAIL: _____

PH (w): _____ **CELL:** _____

ALTERNATIVE CONTACT PERSON: _____

PH (w): _____ **CELL :** _____

SPECIAL REQUESTS: (E.G., POWER-very limited):

_____

_____

Please mark the Setup and Fee:

____ General vendor fee - $20.00

____ Maplewood Municipal Tables: Fee waived

AMOUNT ENCLOSED _____

CHECKS PAYABLE TO: "TOWNSHIP OF MAPLEWOOD" and in Memo put: "Maplewood Loves Wellness"

PLEASE SEND PAYMENT AND COMPLETED, SIGNED CONTRACT NO LATER THAN September 28, 2012 TO: Maplewood Loves Wellness, % India Larrier, 68 Midland Blvd., Maplewood, NJ 07040-3234

The Township of Maplewood, its agent, servants and/or employees (collectively Maplewood) do not recommend or endorse any service or product of any participating Vendor/Provider. Maplewood has made no assessment of any service or product and assumes no liability for any damages or injury related to the service or product.

Any information provided is for general educational purposes only. Such information is not intended nor should it be considered as medical advice. Anyone intending to use a service or purchase a product from a Vendor/Provider does so assuming all risks.

I HEREBY AGREE TO ABIDE BY ALL TERMS OUTLINED ABOVE:

X _____