

**MAPLE SHADE'S 41<sup>st</sup> ANNUAL SIDEWALK SALE & FESTIVAL**  
**SATURDAY, SEPTEMBER 7, 2013 ~~~ RAINDATE: SATURDAY, SEPTEMBER 14, 2013**  
**APPLICATION TO PARTICIPATE**

Contact Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Business/Exhibitor/Vendor Name \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tax ID # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Category (circle one)    craft vendor    retail merchandise/sales    information/non-sales    food vendor

Product Description (only those items listed will be permitted) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a Tent/Canopy? YES \_\_\_\_\_ Give size & Height \_\_\_\_\_ NO \_\_\_\_\_

Number of Spaces (10'x10') \_\_\_\_\_ @ \$50.00 or after August 15, 2013 \_\_\_\_\_ @ \$75.00

\_\_\_\_\_ I am a returning vendor and would prefer to have the same location as last year. My location was near:

\_\_\_\_\_

\_\_\_\_\_ I am a returning vendor seeking a new location.

\_\_\_\_\_ I am a new vendor and understand a location will be assigned to me.

\_\_\_\_\_ Please contact me for additional advertising opportunities.

How did you hear about our Sidewalk Sale & Festival? \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_ **NO CASH**

**Acknowledgement:**

**By signing and submitting this application, I hereby agree to sell only the items for which I have listed. The undersigned also understands the terms of agreement and releases event organizers, Town of Maple Shade and Event hosts/sponsors from any loss or damage and all liability for the duration of this event. No refunds.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Mail completed application by August 15, 2013 to:</b> M.S.A.B.C. c/o Columbia Bank 253 E Main Street Maple Shade, NJ 08052	<b>Make checks payable to:</b>  M.S.A.B.C.
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**OFFICIAL USE ONLY:**

**DATE RECVD    AMT RECVD    CK/MO#    INITIALS    POSTCARD SENT    SPACE #**