

**CONTRACT**  
**CARLISLE SUMMERFAIR CRAFT SHOW**  
**Saturday, July 3, 2010 - 8:30 am to 3:30 pm, Rush Campus**  
**DICKINSON COLLEGE**

1. Exhibitor's fee is \$50.00 for the first space and \$25.00 for each additional space. Make checks payable to Carlisle Summerfair.
2. Only **NEW** exhibitors must send pictures of their craft and/or exhibit.
3. Exhibitor's space (20'x20') will be reserved in order of receipt of contract and fee.
4. Exhibitors from previous year have **until April 15, 2010** return their contract to possibly secure the same space they had in 2009. (Carlisle Summerfair is a non-profit group run by volunteers who will strive to accommodate space requests on a first come, first serve basis.)
5. A map of the craft show area will be mailed to you after June 1 indicating your space location.
6. Tables are to be provided by the exhibitor.
7. If exhibitor has a canopy, canopy tie-downs must be within exhibitor's space.
8. No food items are to be sold at craft vendor spaces, only **handmade** crafts.
9. No craft vendor is permitted to walk around the show grounds selling their merchandise.
10. Exhibitors are responsible for cleaning up their area. Trash receptacles are located on site.
11. **No vehicle traffic will be permitted on the show ground after 7:45 AM or before 3:30 PM - NO EXCEPTIONS.**
12. There will be no available accommodations the day of the craft show for craft vendors that did not submit a contract and fee. Unfortunately the craft vendor would be turned away.
13. The Carlisle Summerfair will not carry insurance or be responsible for any personal injury or financial loss of any nature. There will be security police and medical emergency personnel on site for the event.
14. **EVENT WILL BE HELD RAIN OR SHINE.** Cancellation date is June 1 for any fee to be refunded.

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**- RETURN THIS PORTION OF FORM WITH YOUR CHECK -**

**PLEASE PRINT INFORMATION:**

**Exhibitor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Craft Specialty:** \_\_\_\_\_

**Do you have a canopy for over your space? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Total # spaces requested:** \_\_\_\_\_

**Same space as previous year if possible?** \_\_\_\_\_ **(space #)** \_\_\_\_\_ **(MUST return by April 15 for consideration)**

**I understand and accept the terms of this contact**

\_\_\_\_\_  
(Signature of exhibitor)

**RETURN FORM AND FEE TO:** Holy Spirit Hospital Laboratory  
Carlisle Summerfair / Jeffrey Seiple  
503 North 21st Street  
Camp Hill, PA 17011

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**OFFICE USE ONLY**

Date received contract and fee: \_\_\_\_\_ Space Number(s) Assigned: \_\_\_\_\_