

2024 First Friday Vendor Application

Contact Name _____

Organization Name _____

Mailing Address _____ Phone Number _____

_____ Alt. Phone _____

Email _____

Please indicate the number of spaces desired: _____ General 10'x10' Vendor Booth - \$20.00 each

Date Attending: _____ May 3 _____ June 7 _____ July 5 _____ August 2

Merchandise Restrictions: Yard sale items or anything deemed inappropriate or vulgar by the event organizer are not allowed. Those setting up displays considered will be asked to remove their goods and/or leave without refund of their vendor fees. No special privileges or exclusiveness will be granted. You are responsible for governing your own products within your own organization. ABSOLUTELY NO PROFANITY OR INAPPROPRIATE IMAGERY will be tolerated.

Booth Items: The event organizer does not provide electricity, tents, tables, or chairs to vendors. Booth tents must be tied down and secured at all times. The event organizer reserves the right to ask vendors to remove their tents and/or generators if either are determined to be causing a nuisance, unsafe or in danger of causing harm.

BY INITIALING BELOW, I UNDERSTAND THE MERCHANDISE RESTRICTIONS FOR THE BOOTH SPACE I HAVE CHOSEN ABOVE.

Initial _____

Please give a brief Description of your booth and/or the type of items you will be selling:

RELEASE:

The undersigned hereby releases, and forever discharges, and holds harmless the City of Springfield and its associates of and from any and all manner of actions, suits, damages or claims whatsoever arising from any loss or damage to the property of the undersigned while in the possession or supervision of the First Friday Series and hereby consents to the enforcement of the event rules. No refunds will be given due to weather or personal circumstances. The undersigned releases rights of any photos or reproductions given to the event organizers reproduction to use to publicize and promote the event.

Applicant's Signature _____ Date _____

Make checks payable to City of Springfield. Credit Card payments can be made by filling out the authorization form on the back of this page.

City of Springfield
Attn: Jennifer Smith, Vendor Coordinator
PO Box 1
Springfield, Georgia 31329
jsmith@springfieldga.org

Springfield First Friday Credit Card Authorization Form

Credit Card Payment Type:

Please indicate: Visa Mastercard American Express Discover

Card Number: _____

Name on Card: _____

Mailing Address Associated with Card: _____

Expiration Date: ___ / ___ Security Code: _____

Amount \$ _____

I hereby Authorize the City of Springfield, GA to charge my card the amount indicated above:

Signature _____

Date _____

*****A 2.95% PROCESSING FEE WILL APPLY TO ALL CREDIT CARD PAYMENTS*****