

LaPorte Farms

Vendor Application

7700 129th Street, Sebastian, FL 32958

Phone: (772)633-0813 Website: www.LaPorteFarms.com Email: LaPorteFarms1@aol.com

Vendor Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Profit Vendor Space: ____ 10x10.....(\$40) **No electric**

Non-Profit Vendor Space: ____ 10x10.....(\$0) **No electric**

Vendors must provide their own tables, tents and lights...**NO EXCEPTIONS**

•**Make checks payable to LaPorte Farms, 7700 129th Street, Sebastian, FL 32958**•

PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY

I _____ elect to participate as a vendor at LaPorte Farms. LaPorte Farms or Laura LaPorte are in no way, other than through the use of the property, involved in the operation of vending enterprise at the event. Therefore, I release said parties from any liability that I may incur from my participation in the event held at LaPorte Farms. I understand that there are no rain dates and there are no refunds. Any space not occupied by _____ on the day of the event (event name) _____ will revert to LaPorte Farms and all payments forfeited. This agreement shall not be in force until signed by Laura LaPorte and the business submitting the application. All vendors must be set up and ready to go by _____ the day of the event. All vehicles must be off the event grounds by _____ **NO EXCEPTIONS** I acknowledge that I am bound by and agree to abide by the rules and regulations as stated on the reverse side of this application.

Vendor Signature: _____ Date: _____

LaPorte Farms Representative: _____ Date: _____

Check#: _____ Date Received: _____ Check Amount: _____

- Approved

- Not Approved

Acknowledgement Sent: _____