

2019 Annual Strawberry Festival
Presented by KeyBank and PECO
Thursday, May 30 – Sunday, June 2, 2019
On the Grounds of Brandywine Hospital, Chester County



Craft Vendor Application

Business Name: _____

Contact Name: _____

Address: _____

Contact Number: _____ Email Address: _____

Website: _____

Description of items to be sold – Please be creative and descriptive as this information is listed on our website.

**Items listed are approved by the festival committee and once approved, no changes can be made!*

Description	Vendor Fees	Amount Due
CRAFT VENDOR FEE Reserves a 10' wide x 10' deep space Three or Four Day reservations only (no exceptions)	\$175	
FEE FOR ELECTRICITY - Generators are not allowed Electricity for 4 days- access to two 110V plugs Electricity is limited and will be provided on a first come, first serve basis. Requests for electricity WILL NOT be accepted after May 1, 2018.	\$25	
<i>Full Payment plus \$100 security deposit (separate payment) is required for acceptance.</i> <i>* Note, the security deposit is refundable as long as your space remains open for the duration of the event and you leave your space free and clear of trash/debris.</i>	TOTAL AMOUNT ENCLOSED	

Please check one indicating your arrival day: Thursday, May 30st -or - Friday, May 31st

* **Canopies are required and must be supplied by the vendor***.**

***Please note, this event is outside on the pavement and is rain or shine. We ask that you take great care in securing your tent for the elements.

* Set-Up Times for Thursday and Friday are 9 AM – 3 PM. These Times are Strictly Enforced.

Craft Vendor Eligibility: Vendors selling original craft items will be given preference. All craft vendors must actually be selling their product at the Festival. Vendors that are promoting their product only, must submit a Promotional Vendor Application. These vendors will be located in a separate area.

Application Procedure: - You must return your completed application with signature, full payment, and security deposit by the deadline listed on the application. - You will be notified via email of your acceptance.
- Those accepted will receive space assignments and set-up information at the end of May.

*****Spots are limited and will be assigned on a first come first serve basis.*****

APPLICATION DEADLINE: APRIL 26, 2019

Festival Hours:

Thursday, May 30, 2019	5:00 PM – 10:00 PM
Friday, May 31, 2019	5:00 PM – 11:00 PM
Saturday, June 1, 2019	12:00 PM – 11:00 PM
Sunday, June 2, 2019	12:00 PM – 6:00 PM

VENDOR FAIR - RULES AND REGULATIONS

We invite you to participate by completing the application no later than **April 26**.

- **Application acceptance and space assignments are at the discretion of the Festival Management.**
- **Canopies are required and must be supplied by the vendor.**
- Booth space and areas immediately in front of and behind rented space must be cleaned (free of trash) each night.
- Going beyond designated booth size (10'x10') will result in a charge for an additional booth.
- **A donation of a raffle item valued at \$25 or more is requested to participate as a vendor.**
***These items are used as giveaways for our hard-working and dedicated volunteers. It's also a great way to promote your business!
- Absolutely no consumption or possession of alcoholic beverages or smoking will be permitted.
- No Pets Allowed On Festival Grounds. Anyone found with a pet on the premises will be asked to leave immediately with NO REFUND.
- Vehicles are not permitted on Festival grounds after opening hours. This will be strictly enforced.
- Parking in designated spaces with permit only.
- Vendors must not block Hospital entrance and delivery lane.
- No refunds will be given.
- You may not conduct any type of entertainment activities (i.e. face painting, sand art, clowns, etc.),
- Vendors may not camp or park campers/trucks on hospital grounds. Please call 610.380.9080 x105 if you would like hotel/campground information.
- Booths can not be taken down prior to festival closing on Sunday at 6:00 p.m. No exceptions. Non-compliant vendors will not be invited back.
- Selling of stink bombs, pyrotechnics, or any other projectile items is prohibited. Non-compliant vendors will be required to leave the grounds immediately. No refund will be made.
- Amplified sound in vendor selling area is strictly prohibited.
- Vendors are responsible for carrying General Liability insurance for their activities. If insured, please enclose a certificate of insurance with your completed application. The certificate should list the Brandywine Health Foundation as Additional Insured.
- The Brandywine Health Foundation and all other entities involved with the festival are not liable for personal injury, loss, damage, theft, breakage, or destruction of merchandise on exhibit at your booth.
- There will be a security guard on-site overnight at the festival grounds for the duration of the Festival. However, we do not recommend you leave valuable property in your booth overnight. Exhibitors are responsible for the loss or damage to any property left at the Festival overnight.

Violation of these rules will result in the uncompensated and unconditional closing of your booth.

Your signature below acknowledges that you have read and agree to abide by these rules.

Please sign and include a photograph of your display as well as photographs of all items to be sold

Failure to sign rules and regulations could result in forfeiture of your application.

Signature - Participant

Date

Brandywine Health Foundation

50 South First Avenue, Coatesville, PA 19320 610.380.9080 www.brandywinestrawberryfestival.com



2019 Annual Strawberry Festival Craft Vendor Application

Credit Card Payment Form

By supplying the following information, your credit card will be charged for the full fee*, as per your application, upon your acceptance as a Craft Vendor at the 2018 Strawberry Festival from May 30th – June 2nd on the grounds of Brandywine Hospital, Caln Township, PA.

* **Please submit a separate check or money order for your \$100 security deposit.**

Business Name: _____

Credit Card Number: _____ Expiration Date: _____

CCV code (3 or 4 digits): _____

Name on Credit Card: _____

Billing Address of Credit Card: _____

Phone number: _____

Email: (for confirmation of charge) _____

Authorized signature: _____

This form will be shredded after use or if not accepted as a vendor.

Brandywine Health Foundation
50 South First Avenue, Coatesville, PA 19320
610.380.9080
www.brandywinestrawberryfestival.com