*********2024 Oz Fest***

***Vendor Application***

***When:*** Saturday, August 10, 2024

***Time:*** 10am to 5pm

***Booth Size:*** 12’ x 12’

***Cost: $45.00 by June 30th $55.00 after June 30th***

* Booth must be open during the Festival.
* ***No Electrical Service Provided.*** *Park will open at 6:30am for vendors to set up their booth.*
* ***The Hollis Park District has the right to reject and remove objectionable items at their discretion.***
* Vendor is 100% responsible for the security of their booth, its contents and for the cleanup of their area.
* Send and make checks payable to: **Hollis Park District or register online @ hollispark.org/ozfest**
* Acceptance is not guaranteed until the vendor has received a ***confirmation email*** from Oz Fest.
* Fee is ***nonrefundable*** once accepted.
* The list of the vendors will be updated weekly @ [www.hollispark.org](http://www.hollispark.org) under Special Events, Oz Fest.
* ***Maximum of 50 spots available.*** First come, first serve basis.
* There is an Entrance Fee to visitors: $6 Adult; $4 for Senior (55+) & Children 3-12yrs and 2 under Free.
* If we have inclement weather, ***no cars will be allowed on the grass***. Please bring carts to unload & load your booth.

**Booth’s Business Name** Vendor’s Last Name First Name

Address City State Zip

Primary Phone Cell Phone Email Address

Description of booth and the items that will be sold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Consideration for Special Needs/Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Waiver/Release:**

 *I agree to hold Hollis Park District, and its officers, directors, employees and agents harmless from any losses and damages to myself resulting from participation in these activities. I hereby grant permission for pictures and/or videos to be taken of myself during this program for future promotional use for no consideration.* ***My signature below confirms that I have read and agree with this application and the waiver/release.***

**Vendor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:

**For HPD**

**Office Use Only**

 **Date Received: Receipt #: 🞎 Cash 🞎 Check #\_\_\_\_\_\_\_ 🞎 Charge #\_\_\_\_\_\_\_**

 **Paid $ HPD Initials:**

 **Emailed Sent: HPD Initials: Booth # Assigned:**

**![icona-facebook-iphone[1]]()Hollis Park District 9424 S. Mapleton Road Mapleton, IL 61547 Phone: 309-697-2944 *press 1* HPD Website:** [**www.hollispark.org**](http://www.hollispark.org) **Facebook:** *Oz Festival Illinois*