

Please read and sign below acknowledging that you have read and understand the following terms and conditions of exhibiting at Frontier Day

I understand that: (1) booth spaces are approximately 10'x10', 10'x20' or 20'x20' and I must adhere to those space dimensions (2) booth assignments will be made by the Chamber and will be "first come, first serve" based on when my signed registration is received; (3) there are very limited spaces to accommodate special requests for electricity (for food vendors only).

1. I understand if I request electricity, I must return an additional \$25.00 with this form.
2. I will leave my booth space clean at the end of the day; and place all trash in the nearest trash can.
3. I understand that I am responsible for compliance with all applicable laws and regulations, including: (1) laws governing sales tax (2) and Health Department requirements for food handling. I acknowledge that the Chamber is not responsible or liable for my compliance with any laws or regulations.
4. I understand that I must supply all booth materials, displays, racks, tables and/or chairs that might be needed for the booth.
5. I understand that check-in time begins at 3 p.m., September 29th and that festival hours are from 9 a.m. to 4 p.m. on Saturday for all vendors. OVERNIGHT SECURITY WILL BE PROVIDED. I must be packed up, cleaned up and off the property at Friendship Park by 6:00 p.m. We will have live entertainment Saturday until 4 p.m.
6. I understand that live animals, flammables, explosives, firearms/weapons, illegal substances of any kind, loud music, offensive material, and/or offensive behavior ARE NOT ALLOWED IN BOOTH SPACES!
7. I understand that Frontier Day will take place on Saturday, September 30th. RAIN OR SHINE!
8. A DISCOUNT ON VENDOR BOOTH RENTAL IS AVAILABLE TO POTTSBORO CHAMBER MEMBERS.

I and the organization listed below: (1) agree to hold the Pottsboro Area Chamber of Commerce and any of its members, directors, officers, employees and volunteers, as well as the City of Pottsboro harmless; (2) and further agree to indemnify the same as a result of any negligence or any damages caused by the below signed or the organization for which the below signed is an authorized representative; (3) and further agree to pay for any damages caused by said organization; (4) and further agree to defend same.

I hereby agree to abide by all of the terms and conditions noted above, and represent that I am authorized to sign this application and registration on behalf of my organization.

Printed Name: _____ Signature: _____

Check "OR" Credit Card _____

Printed Name on Card: _____ Type of Card: _____

Credit Card #: _____ Exp Date: _____

PLEASE RETURN COMPLETED AND SIGNED FORM AND CHECK TO THE POTTSBORO AREA CHAMBER OF COMMERCE, P. O. BOX 995, POTTSBORO, TX 75076. FOR INFORMATION, CALL 903-786-6371.

***POTTSBORO AREA CHAMBER OF COMMERCE
P. O. Box 995
Pottsboro, TX 75076***

***Tele: 903-786-6371
FAX: 903-786-4965
E-mail: info@pottsborchamber.com***