Community Library of Castle Shannon Craft & Vendor Fair
Saturday, November 21st from 10am-3pm
Held in the Lower Level of the Library

Craft & Vendor Fair Application

The fee to reserve a space is $25.00.
WE ASK THAT EVERY FAIR PARTICIPANT DONATES AN ITEM(S) TO BE USED FOR THE GIFT AUCTION TABLE.
THIS IS A GREAT WAY TO SHOWCASE YOUR BUSINESS!

SPACES ARE LIMITED AND ARE AVAILABLE ONLY ON A FIRST-COME, FIRST-SERVE BASIS.

Please complete this application and the Castle Shannon Borough Hold Harmless Agreement. You can either drop them off at the library or mail them to:

Craft & Vendor Fair
c/o Community Library of Castle Shannon
3677 Myrtle Avenue
Castle Shannon, PA 15234

Please make checks payable to *The Community Library of Castle Shannon.*
NO registrations will be taken over the phone. We must receive your forms and payment. If you have any questions, please call Heather Myrah at 412-563-4552 or email her at myrahh@castleshannonlibrary.org.

Rules and Other Information

1. Only one space per business.
2. Please be courteous to shoppers. Crafters/Vendors should not start to pack up before 3pm.
3. Set-up time for crafters/vendors is Saturday, November 21st from 8am-10am.
4. No refunds will be issued on spaces.
5. Rental space includes one 8 ft. table and two chairs. Please bring your own table cover.
6. **PLEASE DO NOT LEAVE UNSOLD ITEMS, EMPTY BOXES, OR TRASH FOR US TO CLEAN UP!**

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1 SPACE @ $25.00 for FAIR _____TOTAL **(Checks payable to *The Community Library of Castle Shannon)***

Name: _____ Business Name: _____

Type of Vendor and Description: _____

Electricity Requested? _____ Yes _____ No (Please bring your own extension cord—limited spaces avail.)

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Thank you for supporting the Community Library of Castle Shannon!

HOLD HARMLESS AGREEMENT
COMMUNITY LIBRARY OF CASTLE SHANNON

APPLICANT'S NAME_____ PHONE _____

ADDRESS_____ ZIP CODE_____

GUIDELINES

It is hereby understood that the Borough of Castle Shannon will make available public Parks, recreation areas, and structures of other facilities owned and maintained by said Borough, and that I/we, the undersigned, acting on behalf of all participants, hold harmless the Borough of Castle Shannon and the Community Library of Castle Shannon and their officials, agents, employees and volunteers, from and against all claims for injuries to our program participants or invited spectators resulting from the authorized use of these Borough facilities.

It is understood that I/we accept this condition in return for use of the public parks, recreational areas, structures or other facilities on the days and times made available according to the Borough Manager.

All participants should be notified that the Borough will not be responsible for injuries except as defined under the Political Subdivision Tort Claims Act (330-1978) and the Recreation Use and Land Water Act. We agree to notify the parents or guardians of all minors that they and not the Borough of Castle Shannon will be responsible for expenses for medical treatment resulting from participation in any program/activity for which we have requested this authorization.

I have studied and agree to follow the guidelines. I understand that property damage, cancellation of prepaid items, use of ALCOHOLIC BEVERAGES, and failure to abide by Fire Marshall rules including a NO SMOKING policy constitute forfeiture of any monies paid to participate in this event. I agree to assume responsibility for any damage, and to leave all rooms and equipment in a neat and orderly condition.

SIGNATURE OF APPLICANT_____ DATE_____