

Saturday August 17th & Sunday August 18th, 2024

Artists and Craft Applicat	<u>ion</u>	Date Received _	Insurance	Payment	
Jury meeting is March 1st.	Applications accepted after this	s date subject to j	ury approval and sp	ace availability.	
Vendor's name		_ Business name			
Street, Apt,	City		Postal Code		
E-Mail		Website			
Telephone	I would	I would prefer to keep last year's booth location			
Provide section and number; we	will try to meet this request but do no	ot guarantee to do so.	Many factors affect pla	acement of vendors.	
Note any special requests such as	hydro required:				
Information needed while here at	the show: Circle or name type of vel	nicle Van Truck	Trailer RV Othe	er	
License Plate #	Cell or other local contact n	umber			
Please provide a brief description	the right to reference your work in of your artwork/craft. Note: Commen	rcially manufactured go	oods are not acceptable for	r this show.	
	uried shows you have attended: use t				
PO Box 239, Port Dover, ON N0A11 1. \$2,000,000 Bodily Injury & 2. Additional Insured listed 3. Certificate of Insurance car. All possible care will be taken; howe		over Summer Festival a rd of Trade at 519-583- ival nor the Port Dover	and The Corporation of No.3275 or emailed to info@ Board of Trade Inc. nor N	orfolk County. portdover.ca. Vorfolk County can be held	
Fire Safety requirements: Read and is surety that you will comply with the	d complete the Special Event Approval For heir requirements. See the form and inform	orm provided by Norfol mation sheet for details	lk County Fire Departmen	t. Your signature on this form	
I have read, understood and will co	omply with all required by the Port Do	ver Summer Festival.			
Signature		Date			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXXXXX	
Entry Fee includes HST {# F	R 107853053} payable to the Por	t Dover Summer	Festival. Date		
Circle size requested: Singl	$e (10^{\circ}x10^{\circ}) $225.00 + HST = 25	4.25 / Double \$400).00 +HST=\$452.00	(for larger size call)	
Circle Payment type: Cash	Cheque Visa	Master C	ard		
Card #	Expiry				
Mail application	on, photographs or website in	formation, fee, f	ire safety confirma	ation form,	

Telephone: 519-583-1314 Fax: 519-583-3275 E-Mail: info@portdover.ca

Proof of insurance to: Port Dover Summer Festival, P.O. Box 1203, Port Dover, ON NOA 1N4