2024 Hoschton	Holiday Market
Friday Decem	iber 6 th 4-8PM

The 2024 Holiday Market will take place on City Square Street

Booth name:	
Contact Name:	
Address:	
Phone:	
Email:	

Number of booths needed: _____ **(**This is an outdoor event**)** Each booth space is approximately 12'x16.'

Type of Items to be Sold:

For our Holiday Market, we would like to feature a wide variety of unique and festive items, all themed around Christmas and the holidays. Personalized items, holiday themed clothing, handmade ornaments, etc. If you have any questions, please email us at <u>twheeler@cityofhoschton.com</u>

Vendors are responsible for setting up and deconstructing their booths, maintaining a clean environment, and disposing of all trash after the event.

Vendors will be allowed to start setting up at 1pm.

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Holiday Market Fee: \$50 Cash, checks, and credit cards are acceptable forms of payment. **No REFUNDS**

Please make checks payable to:

City of Hoschton 61 City Square Hoschton, GA 30548

In participation with the City of Hoschton for the Holiday Market, I do hereby understand and assume all risks and responsibility for myself, and all persons associated with the Hoschton Holiday Market. This includes setting up the assigned booth, running the booth, cleaning up, and overall participation in the event.

Furthermore, I agree to, and will at all times, indemnify, save, and hold harmless the City of Hoschton, its officers, agents, volunteers, and employees from all liability, claims, demands and cost arising out of injury to, or death of persons, and damage to any and all property including loss of use therefore, resulting from or in manner arising out of or in connection with activities or use of the City's facilities during the Hoschton Holiday Market. In addition, I covenant not to sue and agree not to pursue any claims against the city, its officers, agents, volunteers, or employees, in the event of any damage, injury, or expense. This indemnity and covenant shall be binding upon by successors, assigns, heirs, executor, and administrators.

Signature: _____

Date: ____

For Office Use Only:

Date of Payment Received: _____

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Amount:	
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Form of payment: CASH _____ Check ____ Credit Card _____

Check No. _____