



Welcome Vendors!

We invite you to join us for our exciting 32nd Anniversary of our Fall Festival. It will be held this year on Saturday, November 9, 2024 from 9 am – 4 pm.

Spaces are limited and are now being offered to vendors who would like to participate in our annual fall festival at St. Marguerite. If you are available and interested in joining this fun event, please let us know by completing the attached application **AND** Hold Harmless/Indemnity Agreement and returning it to the church **with your payment**. Reservations cannot be accepted unless we have received the application, hold/harmless and payment. We process our vendors on a first come/first served basis and do not typically duplicate merchandise.

We look forward to having you as a participant this year!

Your Fall Festival Coordinators,
Priscilla Garamella and Mary Ellen Tiernan

VENDOR APPLICATION

ST. MARGUERITE BOURGEOYS PARISH 32nd ANNUAL FALL FESTIVAL SATURDAY, NOVEMBER 9, 2024

NAME: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____ PHONE: _____

TAX ID (if applicable): _____

DESCRIPTION OF YOUR ITEMS:

NEED AN ELECTRIC OUTLET: YES NO (Vendors supply own extension cords.)

COST: \$65 for 6' table and 2 chairs in approximately 8'x8' space (provided by St. Marguerite). If you bring your own table, it cannot be longer than 6' in length. All displays must be freestanding and not leaned on walls. No pipes or drapes. Vendors are accepted first come, according to availability in each category. Upon review and acceptance of application, a confirmation email will be sent to the vendor.

COMPLETED APPLICATION, HOLD/HARMLESS AND CHECK (payable to St. Marguerite Parish) MAILED TO:

*Fall Festival, St. Marguerite Parish
138 Candlewood Lake Road
Brookfield, CT 06804*

PLEASE NOTE: Refunds of application fees will not be made after October 31st (no exceptions). Fee qualifies as a tax deduction. Collection of CT sales tax is the responsibility of the vendor. Returned check/insufficient funds fee is \$35. Vendors must remain open until the close of the show.

Questions? Email: fallfestival@stmarguerite.org or call 203-775-5117 x215.

VENDOR HOLD HARMLESS/INDEMNITY AGREEMENT

PARISH: _____

PARISH is understood to include the Diocese of Bridgeport

VENDOR: _____

TYPE OF VENDOR: _____

DATES OF USE: _____

The above named VENDOR agrees to defend, protect, indemnify, and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named VENDOR or any of its agents, family members, officers, volunteers, helpers, partners, organizational members, or associates in connection with the operations of the above named VENDOR at the above named PARISH.

VENDOR agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence, including liquor liability coverage. VENDOR also agrees to have the PARISH named as an **"Additional Insured"** on its general liability policy for the DATE(S) OF USE in relationship to the VENDOR'S activities. It is agreed that VENDOR also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If and only if VENDOR fails to comply with the above (second) paragraph, then VENDOR agrees to protect, defend, hold harmless, and fully indemnify the above named PARISH for any claim or cause of action whatsoever which takes place during the above identified DATE(S) OF USE that is brought against the PARISH by the above named VENDOR or its employees, agents, guests, invitees, customers, partners, family members, organizational members, and associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents or the negligence of any other individual or organization not a party to this agreement. If any paragraph or sentence of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____

(Must be an official agent of VENDOR)

NAME AND TITLE: _____

DATE: _____