



HARVEST DAY

SATURDAY, SEPTEMBER 24TH ~ 11am-5pm
 Riverfront Centennial Park – Corning, NY
VENDOR REGISTRATION FORM

-PLEASE PRINT-

Organization / Business: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

E-mail: _____ WebSite: _____

- Please Circle Choice -

Non-Profit	N/C	10x15 space	Entertainment	N/C	
			Minor Food Vendor	\$60.00	10x15 (1-3 items)
Profit	\$40.00	10x10 space			
	\$80.00	10x20 space			

**Certificates of Insurance are REQUIRED for all vendors
 NYS Sales Tax Number and/or NYS Health Permits are REQUIRED for vendors selling
 ONLY LOW NOISE GENERATORS ALLOWED**

Food items must be Carnival type items; lemonade, candy apples, cotton candy, waffles, kettle corn, taffy, corn on the cob, etc.

Craft: _____ Will you demonstrate your art / craft? Yes ___ No ___

Food: _____ (please list items you will be serving)

Entertainment: _____

Description of Products/Performance/Food: (PLEASE LIST)

Vendors not registered will be asked to leave. We reserve the right to reject items that are not appropriate. NOTE..we are setting up on grass.

I/we, _____ hereby warrant that I/we are independent contractor(s) and agree to indemnify and save harmless the City of Corning and CIDMA from and against any loss or expense by reason of any liability imposed by law upon the sponsors or the City of Corning and from and against claims against the sponsors and the City of Corning for damages because of bodily injuries, including death, at any time resulting there from, accidents sustained by any person or persons on account of damage to property rising out of or in consequence of the event whether such injuries to persons or damage to property are due to or claimed to be due to any negligence of the sponsors or the City of Corning, their agents, servants, or employees or any other person.

Signature _____

Date _____

Return by August 26th to:

Corning's Gaffer District
 Attn.: Promotions and Events
 114 Pine Street, Suite 202
 Corning, NY 14830
 e-mail: lin@gafferdistrict.com
 Tel: 607-937-6292, X105, Fax: 607-936-3112

Remember:

- () Send check payable to Gaffer District
- () Send Certificate of Insurance (naming City of Corning & Corning's Gaffer District as additionally insured)

If applicable:

- () NYS Health Permit available in your booth
- () NYS Tax Number available in your booth