

# Spoon River Valley Scenic Drive Registration Contract

www.spoonriverdrive.org • srvsdassociates@gmail.com • P.O. Box 525, Canton, IL 61520

All clubs, groups or individuals wishing to participate in the Spoon River Valley Scenic Drive Fall Festival are required to complete this form and submit with registration fee.

Your canceled check is your receipt. Questions?? Contact the Fall Festival Chairman - 309-647-8980

**\*\*Mail In - Check or money order accepted only\*\* Made payable to Spoon River Valley Scenic Drive (SRVSD)**

## ALL MERCHANDISE VENDORS

- **\$50 Spoon River Drive Registration Fee**
- Send in your completed registration
- *ALL merchandise vendors are required to send copy of your proof of liability insurance for your product*

## FOOD VENDORS ONLY

- **\$50 Spoon River Drive Registration Fee**
- Contact and comply with the County Health Department
- *ALL food concession are required to provide a certificate of product liability sent in at time of registration*

**PRIOR TO REGISTRATION, EACH DISPLAYER MUST CONTACT AN AREA REPRESENTATIVE CONCERNING:**  
1) Space availability 2) Set-up fees 3) Special needs

**A \$25 Late Fee will be added for any registrations after September 1**

## DEMONSTRATORS

*If you are ONLY demonstrating - No Registration Fee*  
*If you sell anything at all - \$50 Registration Fee (+\$25 Late Fee)*

## REGISTRATION FEES ARE NON-REFUNDABLE

*Except in situations approved by the Association such as a complete shut down as in 2020*

**\$35.00 SERVICE CHARGE FOR ALL RETURNED CHECKS**

Copy this for your records - This will be accepted only if completed and with payment attached

## LOCATION INFORMATION - MANY LOCATIONS HAVE A SEPARATE ADDITIONAL FEE

Arrangements have been made with the Area Representatives Yes \_\_\_ No \_\_\_ *Set up fees per location must be sent directly to Area Rep.*

Please check (or write in specific location) the area you will be exhibiting at for the year of 20

Astoria

Bernadotte

Canton

Duncan Mills

Farmington

Ipava

Lewistown

Liberty Acres

Red Brick School

Smithfield

SR Junction Winery

Waterford

*Fill in blanks with specific area - 12345 North Main, Canton, IL*

**Yes, You may share the information below digitally and in print**

Business name (if any) \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Briefly describe your product(s) \_\_\_\_\_

Will you be demonstrating? \_\_\_\_\_ If so, what? \_\_\_\_\_

Would you be interested in sending a donation to the SRVSD? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

The undersigned, individually and/or as owner/agent for herein named registrant do hereby agree to hold harmless Spoon River Valley Scenic Drive Associates, Inc., recognized Area Representative, thereof and all other representative thereof and all other registrants for any and all liability to persons or property resulting from the participation of the undersigned in any and all activities under the sponsorship of Spoon River Valley Scenic Drive Associates, Inc.

***By filling this form, I accept all rules and regulations listed (#1-#11 on Greeting Letter) including Assumption of Liability.***

Print name \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration fee enclosed \$ \_\_\_\_\_ Donation enclosed \$ \_\_\_\_\_ (Optional) month/day/year

Advertising fee enclosed \$ \_\_\_\_\_ (Optional) **Total amount enclosed \$ \_\_\_\_\_**

***Proof of Insurance must be enclosed for your product for all vendors***

***\*\*Contract must be completed and signed -- Incomplete applications (and Deposit) will be returned\*\****

***The registration fees provide you with:***

- 1) A contributor's sign and vendor ribbon which are to be displayed during the Fall Festival
- 2) A listing in the official program book • ***your registration must be received before June 1 to be listed***
- 3) A copy of the official program book

**The SRVSD fees are used for Port-A-Pots, promotional material, publicity, and SRVSD functioning, etc.**

**Mail your completed registration, copy of Insurance, and fee to Fall Festival Chair, P.O. Box 525, Canton, IL 61520**