Spoon River Valley So www.spoonriverdrive.org • srvsdassoo All clubs, groups or individuals wishing to pa are required to complete to Your canceled check is your receipt. Question	<i>iates@gmail.com</i> • <i>P.O.</i> rticipate in the Spoon River V his form and submit with regi	<i>Box 525, Canton, IL 61</i> alley Scenic Drive Fall Fe stration fee.	stival
**Mail In - Check or money order accepted onl	** Made payable to Spoon	River Valley Scenic Drive	e (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 	PRIOR TO REGISTRATION, EACH DISPLAYER MUSTCONTACT AN AREA REPRESENTATIVE CONCERNING:1) Space availability2) Set-up fees3) Special needs		
	A \$25 Late Fee will be added for any registrations after September 1		
insurance for your product	DEMONSTRATORS		
FOOD VENDORS ONLY	If you are ONLY demonstrating - No Registration Fee		
\$50 Spoon River Drive Registration Fee	If you sell anything at all -	\$50 Registration Fee (+\$2	?5 Late Fee)
 Contact and comply with the County Health Department <i>ALL food concession are required to</i> <i>provide a certificate of product liability</i> 	REGISTRATION FEES ARE NON-REFUNDABLE <i>Except in situations approved by the Association</i> <i>such as a complete shut down as in 2020</i>		
sent in at time of registration	\$35.00 SERVICE CHARGE FOR ALL RETURNED CHECKS		
Arrangements have been made with the Area Representative Please check (or write in specific locat Astoria Ipava Bernadotte Lewistown Canton Liberty Acres Duncan Mills Smithfield Fairview SR Junction Winer Farmington Waterford	on) the area you will be exhibitin	g at for the year of <u>20</u> <i>Fill in blan</i>	aks with specific 45 North Main,
Business name (if any)Bus. Phone			
Name	Pho		
Address	City	StateZip	
Briefly describe your product(s)			
The undersigned, individually and/or as owner/agent River Valley Scenic Drive Associates, Inc., recognize and all other registrants for any and all liability to per in any and all activities under the sponsorship of Spo <i>By filling this form, I accept all rules and regulations</i>	d Area Representative, thereof sons or property resulting from on River Valley Scenic Drive	and all other representation the participation of the u Associates, Inc.	ve thereof indersigned
			•
Print name			
Signature		Date	n/day/year
Registration fee enclosed \$	Donation enclosed \$	(Optional)	
Advertising fee enclosed §(Option			
Proof of Insurance must be Contract must be completed and signed The registre		-	urned**

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