

**Friends of the Senior Citizens
& Clare-Mar Lakes Balloonfest
2017 CRAFTERS & EXHIBITORS FORM
Saturday, August 19, 2017**

Please Print:

Business Name: _____

Address: _____

City/State: _____ **Zip:** _____

Phone #: _____ **Cell #:** _____

E-Mail Address: _____ **Website:** _____

As a representative of the above business, I intend to take part in the 2017 Balloonfest on Aug 19,2017 and understand that I need to be ready for the opening of the Balloonfest at 3pm. I further understand that I will follow all rules and regulations of the Wellington District Fire Department on all safety equipment. Set up will be starting on this date at 12 noon and take down anytime after 8pm.

**Fees: Single Space 10X10 = \$30.00 Spaces Needed: _____
 Double Space: 10X20 = \$50.00 Spaces Needed: _____**

Electricity Needed: Yes _____ No _____

Electricity, if needed will be on a first come first serve basis.

Authorized Signature _____

Types of crafts or product: _____

Please make checks payable to: Clare-Mar Lakes by July 15, 2017

Mail form and check to:

For all questions and communications:

**Attn: Don or Brenda Sears
Clare-Mar Lakes
PO Box 229
Wellington, Oh 44090**

**Call Brenda at 440-647-3318 or
440-935-2466**

“All Monies paid are NOT Refundable”

By signing this document the crafter or exhibitor acknowledges that inclement weather may occur and the hot air balloons may not fly and further agrees not to hold Balloonfest, its sponsors, associates, and volunteers liable for the investment.