

APPLICATION

Location: Atlantic Cape Community College, E Building/Gymnasium
5100 Black Horse Pike (Rt 322), Mays Landing, New Jersey 08330

Saturday, November 18, 2017 - 10 am to 6 pm
Set up: 7am – 10am Breakdown: 6 pm

- All items in show **MUST** be hand made by the artist selling them!
- Each exhibitor
 - is responsible for their own insurance.
 - must hold a Sales Tax ID Number
 - must submit a signed application, which shall constitute agreement to all conditions of this application.
- ***This is a juried show, please include three (3) jpg digital pictures of your work and one picture of your booth.***

Booth Size: 10'X10' **Booth Fee: \$100.00** **Number of Booths _____**
 Electricity **Fee: \$5.00**
DEADLINE: October 1, 2017

PLEASE TYPE OR PRINT:

Your product/medium: _____

Name: _____

Business Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Email: _____

New Jersey Sales Tax Number (if applicable): _____

With my signature I agree to the following:

I agree to be **open during all hours** of the event and to **offer for sale only the items provided in jury images**. I will keep my area neat and clean during the event and will make sure it is clean when I leave. I understand that **all decisions made by Atlantic Cape Community College are final, there are no refunds** and that failure to abide by the above rules could terminate my relationship with Atlantic Cape and any future involvement in events Atlantic Cape organizes. Checks returned for insufficient funds will pay an additional \$35 bank charge.

The **Exhibitor** agrees to indemnify and save harmless the Atlantic Cape Community College from and against all claims of whatever nature arising from, or claimed to have arisen from, any action, omission or negligence of the Exhibitor, or arising from any accident, injury or damage whatsoever caused to any person or property arising out of the Exhibitor's negligent or improper acts in the operation at the following listed events.

TOTAL AMOUNT ENCLOSED: _____ **SIGNATURE** _____ **Date** _____

Enclosed is my check for \$_____ (Checks Payable to Atlantic Cape Community College)

Charge my [] Visa [] MasterCard [] Amex

Card No. _____ Exp. Date _____ Sec. Code _____

Signature _____

Mail completed application, and check or money order **payable to:**

Atlantic Cape Community College
c/o Jennie Ayres, Assistant Director Auxiliary Services
5100 Black Horse Pike, Mays Landing, New Jersey 08330
Phone: 609-343-5039 - Email: jayres@atlantic.edu