

The Hospice Craft & Gift Show Responsibilities Form Saturday, November 15th, 2014 10 am – 4 pm

I _____ of _____ hereby agree to the following:
Name Company (if applicable)

- I agree to provide at least 5 photographs of the items to be sold at the show with the application, payment or deposit cheque. I agree that the photographs sent are now the property of Doane House Hospice and will not be returned. I understand that the photographs may be used for advertising purposes.
- I agree to sell only what has been approved by Doane House Hospice, otherwise you may be asked to remove from your display those items that have not been approved. This is to ensure a high selection and minimize duplication of items.
- I have reviewed and agreed to the Criteria Policy on the reverse side of the Application Form.
- I understand that no application will be considered without the required full payment of \$100 or deposit of \$50 per space. Payment/deposits will not be processed until the application (and item selections) has been approved by a panel of judges.
- I understand that the spaces are considered unconfirmed without the required deposit and the signed Application and Responsibilities forms, and that failure to submit the balance of payment by **Friday, October 17, 2014** may result in the forfeit of the reserved space without refund of the deposit.
- I agree to abide by all local by-laws, fire, and electrical safety codes.
- I will ensure that my table is safely and pleasantly decorated as well as skirted to the floor, and is adequately stocked.
- I understand that the display must be within the allotted space, must not encroach in aisles, walkways or other vendor spaces, and must adhere to general Health & Safety guidelines.
- I understand that I must ensure that my booth is staffed at all times.
- I will not sublet my space without specific permission from Doane House Hospice.
- I agree to obtain permission from Doane House Hospice, in writing, regarding any changes or additions to the products sold at the event as listed in the Application Form.

- I will only use safety standard lighting or electrical equipment and understand that I am solely responsible for the operation of all electronic equipment brought into the Newmarket Community Centre.
- I understand that the Newmarket Community Centre does not provide technical assistance and that I will ensure that all my equipment works well in advance.
- I understand that my table must be ready and stocked by 9:30 am and that I must vacate the Newmarket Community Centre by 5:00 pm.
- I understand that I am responsible for removing all stock, waste, and recycling amounts.
- I agree that any signage displayed must be professionally printed.
- I agree to ensure that no items are fastened to any interior walls.
- I will receive my table allocation and 2 vendor passes on the day of the event.
- I will publicize the Hospice Craft & Gift Show to the best of my ability.
- I agree to provide the contact information that I wish to be made public by completing and submitting the attached spreadsheet. This information is optional and may be used by Doane House Hospice for my promotion i.e. on the Doane House Hospice website.
- I understand that in the event that the Hospice Craft & Gift Show is cancelled by Doane House Hospice, neither Doane House Hospice nor the venue will be held liable in any way.
- I understand that in the event that the Hospice Craft & Gift Show is cancelled by the Newmarket Community Centre, neither Doane House Hospice nor the venue will be held liable in any way.
- I understand that the registration fee is non-refundable except in the event of cancellation of the Craft & Gift Show by Doane House Hospice and/or the Newmarket Community Centre.
- I accept that there will be a \$50 charge for any N.S.F cheques.
- I have liability insurance for the event
- I do not have liability insurance for the event

I/We hereby agree to abide by the above responsibilities at the Hospice Craft & Gift Show 2014.

Signature: _____ Date: _____