	Vendor Fee: \$25	Check/Cash	Event Date:	Sunday, Dec. 6, 202
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Registration Form for Christmas Festival Vendors

Name of Vendor/Partio	cipant:		
Name of Applicant (if c	lifferent from above):		
Address:			
E-mail Address:			
Phone (Day):	Phone (Eve):	Cell:	
How to be reached on	the day of the event:		
	vity requires electricity: (Circle one) CTRICITY IS LIMITED.		
List briefly and briefly on nursery, studio, church	describe the products you will sell. Also , or business.		
=	n fee with your registration. Regardless for refund will be honored.	of weathe	r, the event will proceed as
Hours of Event: 4:00 F	M – 7:00 PM. Booths must be setup b	y 3:30 PM a	and taken down by 8:00 PM
and Regulations. I furt and hold the Darlingto Squad, Darlington Kiwa personal liability, claim event. As a vendor/pa my employees and/or	firm that I have read, understand and a her confirm that I, my representatives, on n Downtown Revitalization Association anis Club, and the City and County of Da s, losses or damages arising out of or in rticipant, I assume full responsibility for my agents in the event. This responsibility compliance with DHEC rules.	employees (DDRA), Dai rlington, ha conjunctio any booth	and agents agree to protect rlington Firemen Rescue rmless for any responsibility, n with my participation in the and/or space utilized by me,
Signature/date	Please Print Name		Date
	rn this application to DDRA , 410 Pearl S		
	Make payment payable to	DDRA.	

Contact info: darlingtonplanner@gmail.com or 843-992-1561