



# 2009 Ramble-A Garden Festival

November 20, 21 & 22, 2009 • 9:30 a.m. - 4:30 p.m.

## GREENMARKET APPLICATION

Application Deadline • September 27, 2009

Fairchild Use ONLY	
_____ Date Rec'd	_____
___ Sign : ___ at FTBG	___ Order New
___ Insurance	___ FTBG
___ Vendor's	___
\$ _____ Check Rec'd	
\$ _____ Amount Due	

Vendor Name \_\_\_\_\_  
*Only ONE VENDOR per booth. Please be accurate and legible. Information provided will be included in the Ramble Program.*

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Item(s) to be sold \_\_\_\_\_

GREENMARKETPLACE BOOTH FEE	
_____ 10' x 10' Tent <b>without sides</b> , 2 Tables, 1 Chair, 1 Sign	<b>\$ 175.00</b>
_____ Additional vendor space(s) 10' x 10' @\$50.00 each (space ONLY, no tent)	\$ _____
_____ Tent Sides \$20 (incl. 4 heavy vinyl sides)	\$ _____
ADDITIONAL ITEMS	
_____ Table(s) (6' x 30") @ \$15 each	\$ _____
_____ Folding chair(s) @ \$5 each	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>
<b>7 % Florida Sales Tax</b>	<b>\$ _____</b>
<b>Insurance REQUIRED * (see Standard Insurance Requirements)</b>	<b>\$ 80.00</b>
<b>TOTAL DUE WITH APPLICATION</b>	<b>\$ _____</b>
In consideration of this agreement, I (the undersigned) hereby agree to pay to the order of Fairchild Tropical Botanic Garden the total sum of \$ _____ as rental for exhibit booth(s). This payment must be made with completed application.	
<b>NO REFUNDS will be made for cancellations received after October 30, 2009.</b>	
I agree to indemnify and save Fairchild Tropical Botanic Garden harmless from any and all claims, liability, losses and causes of actions which may arise out of this agreement. The exhibitor shall pay all claims and losses of any nature whatever in connection therewith, and defend all suits in the name of Fairchild Tropical Botanic Garden when applicable and shall pay all costs and judgments which may issue thereon. I further agree to abide by the terms of this agreement.	

\_\_\_ Please mail check made payable to Fairchild Tropical Botanic Garden.

\_\_\_ AmX    \_\_\_ MasterCard    \_\_\_ VISA    \_\_\_ Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Vendor's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Name for Booth Sign \_\_\_\_\_

20 character MAXIMUM - use one letter per dotted line above