Falls Township Community Yard Sale VENDOR REGISTRATION FORM

Sunday, October 16, 2022 from 10 a.m. to 1 p.m.

Contact Person:			
Address:			
City:		State:	Zip: Website (if applicable):
Phone:	E-mail: 		Website (if applicable):
Number of tables requ	uested (\$15 or 2/\$25):		
Please give a detailed	description of your pro	oducts/service	ces:
Please note: Payment	in full is required to p	rocess all app	plications. Please include check or money orde
made payable to Falls		an be mailed	d to Falls Township, c/o Parks and Recreation,
Should this occur, fees of Falls, the Communit sponsors, beneficiaries arise, and shall not be of God, vandalism or a past, present or future Exhibitors must make protecting, care and m	s will be refunded. The ty Yard Sale, their resp s and assigns from any held responsible for a any other loss or injury e. Booths are not insur provisions for safegua	e vendor shall rective officer of claims, dama ny loss or dar own whatsoever or ding their goor's property.	es the right to refuse any vendor application. Il defend, save and hold harmless the Township rs, agents, board members, staff, volunteers, ages, losses, liability or expense which may mage due to fire, accident, theft, weather, acts or not specifically described herein, whether ownship of Falls, or any sponsoring agents. Cods. Exhibitor assumes full liability for any VENDOR NOT HOLDING VALID LIABILITES ALL LIABILITY.
Please sign to acknow be bound by this conti		ad all of the i	information, rules and regulations and agree to
Signed:			Date:
Print Name:			
	215-949-9000 x	• •	b.loessy@fallstwp.com
For Official Use On Check and Applicat Vendor Accepted	tion Received/_	/2022 Vendor Notific	Number of Spaces ied//2022