

COLUMBIA FALLS

Night of Lights December 2, 2011

VENDOR REGISTRATION FORM

Name: _____

E-mail: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Discovery Square Booth size: 10'X10' (\$25) _____, 8'X8' (\$20) _____, 6' (\$15) _____

Limited electric use in the building (\$5 plus booth fee)

Outside space no electric (free!) _____ Outside space with electric (\$5) _____

North Valley Hospital Community Building (at the old Moving Image Building)

10'X10' (\$15) _____, 8'X8' (\$12) _____, 6' (\$10) _____

Products you are selling: _____

The applicant assigns all rights and releases from liability the Columbia Falls Night of Lights committee of The First Best Place Task Force, its members, its officers, employees, agents and sponsors and assigns, and all other persons, firms, or corporations liable or who might be claimed to be liable, none of whom admit any liability to the undersigned, but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, and particularly without limitation on account of all injuries or claims, known and unknown, both to person and property, which may result or may in the future develop from any activities taking place in connection with the activities contemplated hereby.

The applicant hereby indemnifies and agrees to defend and hold the Organization and its sponsors harmless from and against any claims, demands, loss, damage, or expenses resulting from the negligent acts or omissions of the Organization that may result in connection with the activities contemplated hereby or in the future may develop from any such activities.

Signature _____ Date _____

Set-up is after 2:00 pm. Dec. 2 at either location. Show opens at 5 pm; end time depends on customers, approximately 9 pm

Spaces assigned as paid registrations are received. Requests for placement will be considered but not promised. Spaces are limited in both locations. Money will be refunded if spaces are full. Money will not be refunded to vendors who do not attend.

Mail completed forms and payments to: Columbia Falls Night of Lights, PO Box 2244, Columbia Falls, MT 59912

For more information contact Cindy Shaw, Phone 892-0318

We, the Columbia Falls Night of Lights Committee, hope we all have a fun and profitable Christmas season!