2021 EAST TEXAS YAMBOREE

INSIDE EXHIBITOR APPLICATION

Katie Nugent - Chair
903-841-0092

CLEAR FORM

RULES

1.NO PETS ON THE PREMISES. SERVICE ANIMALS ONLY!

2. **Booths are to be set up by 4:00 p.m. Wednesday, October 20th.** The building will then close for exhibit judging. If a booth is not set up by that time, or prior approval is not given (by the Chairperson), space and rental fee will be forfeited, and the exhibitor may be replaced due to a limited number of spaces available inside the building and high interest.

3. Inside booths cost $100.00 for a 10' x 10' space for **three full days, October 21st, 22nd and 23rd.** Applications are accepted on a first come, first served basis and the Chairperson will set booth placement prior to the event but reserves the right to rearrange as necessary. Exhibitors leaving early may not be invited back the following year.

4. Booths should be manned while the Exhibit Building is open. If left empty, the exhibitor may not be invited back the following year. **The building hours are; Thursday 10am -6pm, Friday 10am - 6pm, and Saturday 10am – 6pm.**

5. Exhibit booth reservations must be made by October 1st or until space is full. Payment must be received before reservation is accepted. Applications received after October 1st must include a $10.00 late fee and will not be guaranteed placement. **NO REFUNDS after October 1st.**

6. Booths should be of an educational nature and must have an activity as well as giveaway items in an effort to draw people to the building. Raffle items are acceptable, as long as pre-approved, and are in addition to (not in place of) other activities.

7. **ALL EXHIBITS MUST BE REMOVED BY 6 P.M., SATURDAY, OCTOBER 23rd.**

8. Proof of non-profit status MUST accompany your application.

9. NO FOOD CONCESSION SPACES ARE AVAILABLE. Exhibitors will not be allowed to sell any concession food or drink items, nor pass out free food or drink samples. Food Concession will be provided by the Upshur County Community Fund under the pavilion.

10. Exhibitors are responsible for their own exhibits and display equipment. The Yamboree Association will not be responsible for stolen or damaged displays or equipment.

11. Night security will be provided outside on **Thursday and Friday**. Security does not patrol inside the building.

12. Nothing offensive, controversial, racial, or political will be allowed. The Chairperson has the final decision on anything sold.

13. For safety reasons, children MUST have parental supervision at all times.

14. **VENDORS ARE RESPONSIBLE FOR REPORTING APPLICABLE SALES TAX TO THE STATE COMPTROLLER if items are sold**.

15. Make checks payable to The East Texas Yamboree.

For more information contact: East Texas Yamboree/Gilmer Area Chamber of Commerce

(903) 843-2413, fax (903) 843-3759, e-mail: office@yamboree.comWeb site: www.yamboree.com

RETURN THE BOTTOM PORTION TO: East Texas Yamboree, P.O. Box 854/106 Buffalo, Gilmer, Texas 75644/gilmerareachamber@gmail.com

NAME OF BUSINESS/ORGANIZATION:_____TAX #_____

CONTACT PERSON:_____EMAIL ADDRESS_____

ADDRESS:_____CITY_____STATE_____ZIP_____

TELEPHONE # (HOME)_____(WORK)_____(CELL)_____

TYPE OF ORGANIZATION YOU WILL BE PROMOTING. _____

ACTIVITY PLANNED _____

RAFFLE PLANNED? ____YES ____NO ITEM TO BE RAFFLED _____

OF SPACES REQUESTED _____ (@ $60.00 each)

TOTAL AMOUNT for BOOTH(S) _____

Late Fee ($10 per booth after Oct 1st) _____

Make Checks Payable to the Yamboree Association TOTAL AMOUNT ENCLOSED _____

In consideration of my entry acceptance, I do hereby, for myself, my heirs, and executors, waive, release, and forever discharge any and all rights and claims for damages which may hereafter accrue of me, against

the East Texas Yamboree, Inc., the Gilmer Area Chamber of Commerce, the City of Gilmer, or any persons involved in such for any and all damages which may be suffered by me in connection with my association

with or entry in, or participation in said Yamboree Association activities. I understand the rules set by the Yamboree Association and agree to abide by them.

Signature_____Date_____