

Huntington Vol. Fire Co. Ladies Auxiliary
28th Annual Fall Craft Show & Vendor Fair

Date: Saturday, Oct. 26th, 2024

Show Time: 9:00am – 3:00pm

Set-up: 7:00am

Location: Pohatcong Township School (240 Route 519, Phillipsburg, NJ 08865)

Fee: \$40 (8' x 6'space)

NAME:		PHONE:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMAIL:		
CRAFT/VENDOR TYPE:		
# OF SPACES:		ELECTRIC:
SPECIAL REQUESTS:		

-Checks should be made payable to the H.V.F.C.L.A. No refunds will be given.

-Mail completed application/check to: H.V.F.C.L.A c/o 321 Clover Ct, Stewartsville, NJ 08886

GENERAL INFORMATION

-Each participant shall donate one item to the tricky tray benefiting the Ladies Auxiliary.

-Participants must provide their own tables. Chairs will be provided.

-Participants will receive an email 2 days prior to the show with instructions and room assignments.

-Any questions can be emailed to craftshow@station75fire.org or call 908-303-0116.

HOLD HARMLESS AGREEMENT

I/We hereby release, discharge, covenant not to sue, and agree to hold harmless the Huntington Vol. Fire Co. Ladies Auxiliary, Pohatcong Township School District, its board members, administrators, directors, agents, volunteers, and employees, (each considered one of the “Releases” herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations and further agree that if, despite the release, I/we, or anyone on behalf of me/us, or any person or participant in my/our activity identified on this document, makes a claim against any of the Releases named above, I/WE WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

I have read the *Use of School Facilities* district policy and regulation, posted on the Pohatcong School website, and agree to abide by the rules and regulations set forth.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

OFFICE USE ONLY:

Check #: _____

Date: _____

Room: _____

Space #: _____