



Green Mountain Fair at Manchester

AUGUST 1ST-AUGUST 5TH

NON PROFIT VENDOR APPLICATION

Vendor Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Business Phone: _____

On Site Contact: _____

On Site Phone: _____

Fax Number: _____

Email Address: _____

Credit Card Number: _____ **CDC CODE** _____ **Exp Date** _____

Billing Address: _____

Please list the products and/or services to be exhibited or sold: Space assignments will reference this list. Once a contract is issued, you may not display or sell

additional products or services without the approval of the L.E.A.D. INC.

I, the undersigned, agree to comply with all rules, regulations, guidelines, terms and agreements set forth by L.E.A.D., Inc. I understand that my application fee, once accepted, is non-refundable.

Signature: _____ Date: _____

Print Name: _____

Notes:

1. Applications must include this form completed in its entirety, a signed Hold Harmless Agreement and a Certificate of Liability Insurance with additional insured being:
 - a. L.EAD, Inc.
 - b. Dorr Farm
 - c. Town of Manchester

Forms can be faxed to 609-228-6649, emailed to admin@leadrugs.org
Or mail to:

L.E.A.D.
5 South Main Street
Allentown, NJ 08501
Attn: Patty Titen