

OFFICE USE ONLY
Check #
REC'D
New Address

2021 EXHIBITOR CONTRACT

Name:	Phone:		
Business Name (if applicable):			
Email:			
Address:			
Medium: Have you shown with us before? No Yes If Yes, what was you	ur first year with VAIP:		
\$15.00 Jury Fee enclosed Yes	,		
CIRCLE OR HIGHLIGHT THE DATES YOU PLAN TO SHOW BELOW:			
MAY JUNE JULY AUGUST	SEPTEMBER O	CTOBER	
S M T W T F S 30 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Extra days: April 30, Memorial Day, May 31 & Labor THERE ARE A TOTAL OF 86 SHOW DATES Contract/Hold Harmless Terms and	1 2 3 4 13 14 20 21 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Day, September 6 • SIN 2021	T W T F S 1 2 5 6 7 8 9 12 13 14 15 16 19 20 21 22 23 26 27 28 29 30	
The Village Art in the Park Board and the Director assume no responsibility. By signing her family agrees to hold harmless the Village Art in the Park, a non-profit corporation employees, and agents from any loss or damages either to persons or property cause conjunction with Village Art in the Park. The artist further agrees to defend said Villadamages. I have read and understood all of the Terms and Conditions of Village Art in any additional directions given by the Director. All exhibitors will conduct the includes obeying the laws and regulations of the City of Leavenworth. Said park.	ion, the City of Leavenworth, their of sed to, or by, the artist or the artist's lage Art in the Park from any claim fo the Park (see attatched). I agree themselves in a professional manner	fficers, unit in r such to abide by er, which	
Signed:	Date:		

A letter will be sent to you stating the status of your acceptance.