



CALMAR CHRISTMAS CRAFT FAIR

DECEMBER 8, 2018

Calmar Elementary School - 5402 - 50 Street, Calmar AB

REGISTRATION FORM

Contact Name: Business Name

Mailing Address

Phone Number Email Address

Description of Product(s)/Category

Table Selection - Requests will be confirmed based on suitability for the show.

Number of Tables Chairs Electricity Yes No
Required @ \$30.00/Each Required? Required?

Method of Payment - Cheque, Credit Card (Visa/MC) - Cheques made Payable to "The Town of Calmar".

CC Information: Exp: Code:
Number:

Name on Card: Authorized Amt.:

Date Confirmed: Recorded by Town of
Calmar (Signature)

NO REFUNDS - Registration Deadline November 23, 2018

SET UP TIME: Friday, December 7 (Town Staff)*

EVENT TIME: Saturday, December 8 - 8:30am - 6:00pm (Set up and tear down)

DOORS OPEN TO PUBLIC: 10:00 AM / DOORS CLOSE: 4:00 PM

CONTACT INFORMATION:

Byron King, Recreation Coordinator

PO BOX 750, Calmar AB T0C 0V0

Phone: 780.985.3604, ext. 224 or email bking@calmar.ca

Total Amount:



WAIVER AND RELEASE OF LIABILITY

CALMAR CHRISTMAS CRAFT FAIR

NAME:

PHONE:

ADDRESS:

1. The Town of Calmar is not responsible for lost, stolen or damaged goods or equipment.
2. Submission of entry form does not guarantee a space entry into the event.
3. You will be contacted by the Town Office (Recreation Coordinator) to confirm or deny your entry.
4. Allocation of space is at the sole discretion of the coordinator.

USE WAIVER AND INDEMNITY

In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators waive and release the Town of Calmar, staff, organizers, and volunteers of this event, and its sponsors, from any and all rights of claims and damages I may have against them, their representatives, successors, and assigns, for any and all illness, injuries and/or losses I may sustain as a result of my participation in this event. I hereby acknowledge having read this Release and Waiver, and understand and accept its terms.

Signature:

Dated: