

OTTSVILLE FALL FESTIVAL At Linden Hill Gardens

Sat. & Sun. Oct. 8th and 9th
10am – 4pm

VENDOR FORM

Contact information. Please print

Business name _____

Contact person _____

Address _____
Street, Road, Rural Delivery Route

City or Town State Zip Code County

Phone () () _____
Home Cell phone E-mail

Website _____

Products to sell:

6' space: \$30 for both days

Set up: Friday 8-2 pm

To confirm your participation for both days, please sign and mail payment, Certificate of Insurance* and Vendor Form to Linden Hill Gardens P.O. Box 10, Ottsville PA 18942.

Sign _____ Date _____

* Your company's Certificate of Insurance names Linden Hill Gardens as additionally insured for 1,000,000. Alternatively, you may sign and notarize this document indicating that Linden Hill Gardens will not be held responsible for any injury that you cause by yourself or your product sold at Linden Hill Gardens and you will be responsible for any damage caused by you, your equipment and your products while at Linden Hill Gardens.

Sign _____ Date _____

Notary _____ Date _____

Questions: info@lindenhillgardens.com, 610.847.1300