



# TOWN OF TOLLAND

RECREATION DEPARTMENT

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## **“Celebrate Tolland” Booth Application September 14, 2019**

**Location: Tolland Middle School; 11:00 a.m. – 3:00 p.m.**

Please complete all components of this form to apply for a booth at the Celebrate Tolland event so that we may serve you as well as possible. The event will be held on **Saturday, September 14, 2019** from **11:00 a.m.- 3:00 p.m.** at the **Tolland Middle School, located at 1 Falcon Way, Tolland CT.** Please return this form **NO LATER THAN SEPT. 4, 2019** to: Tolland Recreation Dept; 21 Tolland Green, Tolland, CT 06084 or [bwatt@tolland.org](mailto:bwatt@tolland.org)

### **Terms and Conditions:**

- No Rain Date
- Booths are assigned on a first come, first serve basis.  
**We reserve the right to limit the number of vendors in a particular category.**
- The Celebrate Tolland Committee may choose to deny a vendor based on appropriateness of products and duplication of vendors.
- Set-up begins at 9:00 a.m. on September 14, 2019.
- Booths will be outdoors.
- Booth sizes are 10 x 10
- Participants are responsible for the set-up and clean-up of their booths. Participants cannot impair others booths (i.e. sign or display blockage). Vendors will not be allowed to move booth locations once a booth has been assigned. No exceptions.
- **NO DOGS ALLOWED AT THE EVENT.**



Name \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**Brief description of Information/product(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*Note: Any food giveaways are subject to inspection by the Eastern Highland Health District and must obtain a permit from the Health Department 860-429-3325 to operate at the event.**

**TABLE:** Tables will not be provided with booth spaces. Each vendor is responsible to bring their own tables, table cloths, or table skirts.

*I have read and understand the terms and conditions of the event.*

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_