

Sunday, September 15th, 10am-4pm

Name: _____ Company Name (If Applicable): _____

Telephone: _____ Email Address: _____

Type of Craft (please be specific): _____

PROOF OF INSURANCE IS REQUIRED:

*****ALL POLICIES MUST NAME "THE CORPORATION OF THE TOWNSHIP OF ST. CLAIR, 1166 EMILY ST, MOORETOWN, ON, N0N1M0" AS AN ADDITIONAL INSURED, WITH A MINIMUM OF \$2,000,000 LIABILITY**

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I have purchased insurance through Duuo by following the link provided in the email (proof of insurance will automatically be sent to the museum)

_____ I have attached an extension of my home insurance policy (for small businesses operating from their home)

_____ I have attached exhibitor/vendor booth liability insurance through a recognized Canadian third-party provider

I wish to book:

_____ 8 foot indoor table @ \$50 each, HST included

* Indoor table space is just the table and a small space to walk between each table—if you need additional room you must purchase an extra space. Chairs are not provided.

_____ outdoor space(s) @ \$35 each, HST included

* Outdoor spaces are approximately 10' x 10' and do not include a tent, table or chairs

Please note:

- Vehicles will be allowed on the grounds if weather permits, but must be off the site by 9:30am
- If you are selling any prepared foods you must register with Lambton Public Health as a Food/Beverage Vendor
- Moore Museum does not provide wifi
- Indoor tables are booked on a first come, first serve basis each year, and sell out quickly
- Your application is only complete when we receive your form, insurance and payment.

Please make cheques payable to Moore Museum. They can be mailed to 94 Moore Line, Mooretown ON, N0N1M0.

Payments can also be made by debit/credit/cash. Credit card payments can be made over the phone (519-867-2020).

In signing this registration form, I agree to the conditions stated herein, and I additionally understand and agree that Moore Museum and the Corporation of the Township of St. Clair are not responsible for any form of loss or damage, however caused, while I am participating in this event.

Signature: _____ Date: _____