



Scottdale Fall Festival

P.O. Box 493
Scottdale, PA 15683
www.ScottdaleFallFestival.org

Festival Dates

September 21, 22 and 23, 2012

Children's Area Contract

This agreement is entered into between the Scottdale Fall Festival and the following:

Name: _____

Address: _____

Phone: (_____) _____

Social Security Number or Business Tax ID Number _____

Type of Service: _____

Date: _____ Time: _____

Place: _____

Payment in full in the sum of _____ for this service will be made by check, within 45 days of the event, payable to _____

Needs Assessment:

Amount of time needed for set-up _____ Tear-down: _____

Equipment/Other:

____ Please include press materials, photos, releases, bios, etc., with this agreement.

This agreement must be signed by an authorized representative of both parties and be returned to the Scottdale Fall Festival within 10 days of receipt. Sign BOTH copies. Keep one for your records. Checks will be mailed to the above address after the festival unless other arrangements are made, and royalty payments for copyrighted material are the responsibility of the service provider as signed below.

Contractor/Vendor Signature _____ Date _____

Festival Authorization _____ Date _____

Neither the Fall Festival Committee nor Sponsors will be held liable for any items lost or stolen during the festival.