



EXHIBITOR CONTRACT

SATURDAY, MARCH 23rd 11am to 4pm

REQUIRED: All applications **MUST** be accompanied by insurance documents and fee. Applications without insurance and/or fee **WILL NOT BE ACCEPTED**. See page 2 for insurance requirements.

DEADLINE: Applications, insurance documents, and fee must be received by Friday, March 14, 2019. Applications/insurance received after that date may be rejected.

EXHIBITOR INFORMATION

Organization/Company Name: _____

Contact Name: _____

Phone: _____ Cell: _____

Address: _____

City _____ State: _____ Zip: _____

Facebook _____ Twitter: _____

Email: _____ Website: _____

EXHIBITOR BENEFITS: Exhibitor's receive one 10' x 10' exhibit space, a six foot table, and two chairs, Facebook post, Tweet, name and your link on the Zero Waste Faire website. Below, please indicate how many exhibit spaces you would like at the festival.

Applications accepted on a space-available basis. Wilton Go Green reserves the right to reject any application. Electricity is limited and may be available upon request.

Food vendors and exhibitors with food samples and/or food sales: Temporary Health Permit required. Application must be submitted to the Wilton Health Department by March 8, 2019. For additional information, visit the Wilton Health Department by clicking **HERE**.

FEES: (Please circle or make BOLD your category)

Commissions, Boards, and Wilton Public Schools: Donation encouraged!	\$150 Business/Non-profit: 2-3 Full-time/part-time employees that work there
Environmental non-profit, educational: Donation encouraged!	\$250 Private School
\$100 Food Demos—Additional Health Dept. Fee may apply	\$250 Business: 4-5 Full-time/part-time employees that work there
\$100 Single person business/sole proprietor— no part-time employees	\$250 Car Dealership
	\$500 Business: 6+ Full-time/part-time employees that work there.

Ten word description(for Social Media use): _____

I would like to contribute to the Silent Auction. Each item must be valued at \$25 or greater.

Item _____ Value: \$ _____

Item _____ Value: \$ _____

I would like to contribute to the Drawing. Each item must be valued at \$25 or greater.

Item _____ Value: \$ _____

I would like to contribute to the Zero Waste Store.

Item _____ Value: \$ _____

PAYMENT INFORMATION: Please make checks payable to: **Wilton Go Green, Inc.**

Total payment due: \$ _____ Payment by Credit Card: #: _____

3 digit code: _____ Exp. Date: _____ Zip Code: _____

Completed application, payment and insurance documents, must all be submitted together and may be e-mailed to brian@wiltongogreen.org or mailed to WGGF, P.O. Box 7652, Wilton, CT 06897