



MASON-DIXON A.T. OUTDOOR FESTIVAL 2024
Saturday, June 8, 2024 | 10AM to 4PM

FOOD VENDOR AGREEMENT

Business Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone Number: (Business) _____ (Cell) _____

PA Sales Tax License Number _____

MANDATORY: List all items to be sold at the event.

Spaces are approximately 15x10.

There is a limited number of 110-VAC hook-ups. Do you need one? _____ Tent/Trailer Size _____

STATEMENT OF WAIVER:

I hereby consent to the rules and regulations in this agreement. By signing this agreement, I understand and agree to follow the rules set forth. I do hereby agree to indemnify and hold harmless Washington Township and their respective officers, agents, members, and employees of any sponsoring organization and underwriters, individually or collectively, from fines, penalties, liabilities, losses, claims, damages, and expenses including court costs, and attorney's fees incurred or suffered as a result or relating to my participation in the event known as MASON-DIXON A.T. OUTDOOR FESTIVAL, held on Saturday, June 8, 2024.

Signature _____ Date _____

Important!! Did you...

- Completely fill out and sign the agreement?
- Include a Certificate of Liability Insurance?
- Apply for Health Inspection License?

The event will be held rain or shine. No chairs, canopies, etc. will be provided.

**Return this completed registration form & \$50 fee on or before May 29, 2024 and mail to:
Greater Waynesboro PA Area AT Community, PO Box 306, Blue Ridge Summit, PA 17214**

(Please make your check out to Washington Township with "A.T. Committee" on the note line).
Many thanks!!

PLEASE NOTE: ALL CDC HEALTH RECOMMENDATIONS AT THAT TIME AND OF THAT TRANSMISSION AREA WILL BE FOLLOWED FOR PUBLIC SAFETY. IF A NEW COVID-19 VARIANT IS CAUSING AN INCREASE OF CONCERN IN CASES IN OUR AREA, WE MAY MAKE THE DECISION TO POSTPONE AND WILL CONTACT YOU BY JUNE 1, 2024.

Questions can be directed to: atfestival17268@gmail.com