

FEDERATION OF CROATIAN SOCIETIES, INC of Milwaukee County, WI USA

PO Box 1548

West Milwaukee, WI 53234-1548

**CONTRACT FOR VENDORS**

This VENDOR CONTRACT is for the event described below, is made this \_\_\_\_\_ day, of \_\_\_\_\_ (month), \_\_\_\_\_ (year), between the Federation of Croatian Societies and the undersigned Vendor.

- 1. **Event:** CROATIAN FEST 2016 – Croatian Park – 9100 S. 76<sup>th</sup> Street, Franklin, WI 53132
- 2. **Date(s) and Hours of Event:** Saturday, July 16<sup>th</sup> (11:00 AM until 11:00 PM) and July 17<sup>th</sup>, 2016 (11:00 AM until 6:00 PM)
- 3. **Name of Vendor:** \_\_\_\_\_
- 4. **Vendor Website:** \_\_\_\_\_
- 5. **Vendor Contact(s) Name, Phone Number and Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. **Vendor Fee agreed upon:** \$ \_\_\_\_\_
- 7. **Additional Provisions:** \_\$10 per sq. foot under canopy. If you use your own canopy 10 X 10, then \$150 for the weekend.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Printed Name:</b> _____	<b>Printed Name:</b> _____
Federation of Croatian Societies Representative	Vendor Representative
<i>X (signature)</i> _____	<i>X (signature)</i> _____

I hereby release and forever discharge the Federation of Croatian Societies, Inc and their agents and representatives from any responsibility, personal liability, loss, claims or damage arising out of or in connection with this event.

**X Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor Fee Payment Due Date:** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

**Payment Received by:** \_\_\_\_\_