



Monroe Balloon Festival

Crafts and Exhibitors Fair

Dear Exhibitor,

We are happy to extend an invitation to this year's Annual Father's Day Weekend Monroe Balloon Festival.

Please consider participating in our Crafts and Exhibitors Fair on the balloon festival grounds located at the Green County Fairgrounds. You are welcome to join us for any part of the event. We allow you to set up or take down anytime during the weekend. Exhibitor display opportunities include Friday, 5:00 P.M. - 9:00 P.M. and on Saturday, 6:00 A.M.-9:00 P.M.

Again you are free to exhibit all or part of the time; however, you are welcome to view the full schedule of events to help determine when to show, by going to www.monroeballoonrally.com

Your registration in the event will be confirmed through the email address you provide and booth assignments will be confirmed at the time of your check-in. You would check-in during the event near the grandstand.

On Friday and Saturday, cars will be allowed in the craft area for unloading only. There is designated parking for vehicles at the fairgrounds. Those with trailers will be directed to a special parking area.

In addition, a liability form is enclosed in this mailing which must be filled out and mailed back with your application. If you have any questions, please feel free to call or email me at 608-313-4869 or monroeballoonrally@gmail.com.

Thank you!

ARC of Green County

MONROE BALLOON RALLY CRAFTS AND EXHIBITORS FAIR **APPLICATION FORM**

DATE: Father's Day Weekend
TIME & LOCATION: Friday, 5:00 P.M. - 9:00 P.M.
Green County Fairgrounds

Saturday, 6:00 A.M. - 9:00 P.M.
Green County Fairgrounds

COST: Friday - \$10.00 per entry / per Space (NO REFUNDS)
Saturday - \$35.00 per entry / per Space (NO REFUNDS)

Your reservation in the event will be confirmed through the email address you provide. Your individual space will be assigned to you at the event.

EMAIL (required for confirmation) _____

CONTACT PERSON: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE: _____

TYPE OF CRAFT: _____

TAX ID NUMBER: _____

NUMBER OF SPACES (EACH SPACE APPROXIMATELY 10' x 10') _____

LOCATION AND SHOW TIMES PREFERENCES AT THE FAIRGROUNDS:

_____ Inside _____ Outside

I will show on Friday from ___pm - ___pm I will show on Saturday ___m - ___pm

(to view the full schedule of events to help determine when to show, go to www.monroeballoonrally.com)

Example for one space Saturday Only:

Friday (\$10) NO + Saturday (\$35) 35 X No. of Spaces 1 = Total \$35

Calculate Cost:

Friday (\$10) _____ + Saturday (\$35) _____ X No. of Spaces _____ = Total _____

PLEASE MAKE CHECKS PAYABLE TO: Monroe Balloon Rally, Inc.

RETURN TO: ARC of Green County
W1988 State Rd. 59
Albany, WI 53502

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LIABILITY RELEASE FORM

This is a release, executed on _____ (date), 20____ by
_____ herein referred to as "Exhibitor", between the ARC of Green
(organization or individual)
County, State of Wisconsin, and others referred to below, herein referred to as "Event
Organizer."

In consideration of the Exhibitor being allowed to participate in the Balloon Festival Crafts Fair, sponsored by the Event Organizer, and located at the Green County Fairgrounds, Exhibitor voluntarily and knowingly executes this release and also accepts full and complete **RESPONSIBILITY** for all merchandise, property and persons involved in the Exhibitors participation.

Furthermore, the Exhibitor agrees for themselves, their employees, agents, successors and officers, to **INDEMNIFY AND HOLD** the Event Organizer, specifically the ARC of Green County, Inc, board members, representatives, officers, agents successors, volunteers, as well as the Green County Fair Association, Monroe Balloon Rally **HARMLESS** of and from any and all liability, claims, demands, actions, judgments, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of the Exhibitor's participation in the Monroe Balloon Festival and/or any negligence on behalf of the Exhibitor and to reimburse them for any such expenses if so incurred.

Exhibitor Signature

_____, 20____
Date

In witness whereof, Exhibitor has executed this Release on the day and year first written above.

Witness Signature