

POSTMARK DATE \_\_\_\_\_ BOOTH # \_\_\_\_\_

PAYMENT \$ \_\_\_\_\_ Check # \_\_\_\_\_ CONFIRMATION SENT Y - N Date: \_\_\_\_\_

(Please - Do not write above this line)

# BLOUNT PARK BAZAAR APPLICATION

Please be certain to complete this entire form

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Business Name (if any): \_\_\_\_\_

Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Phone (       ) \_\_\_\_\_

E-mail  
Address \_\_\_\_\_

Booth Name: \_\_\_\_\_

Table needed?  
(size 8' only)

YES

NO

Additional tables are limited. Cost of each additional table is \$25.

Refunds will be issued if not available. # of additional tables \_\_\_\_\_

Please provide brief, but descriptive information (top 3 items), as this will be posted on our website for publicity purposes.

How would you like to receive your  
confirmation? (circle one)

Hard Copy (regular mail)

Pick-Up (gift shop)

Vendors will be responsible for setting up and taking down their area.

## PLEASE READ THE FOLLOWING STATEMENT CAREFULLY. IF ACCEPTABLE, SIGN YOUR NAME BELOW. SIGNATURE IS REQUIRED BEFORE BOOTH SPACE IS GRANTED.

Exhibitor will indemnify and hold harmless the Nacogdoches Memorial Hospital Auxiliary, host of the Fall Bazaar covered by this Agreement, and the individual members thereof; Nacogdoches County Hospital District and the individual members thereof; and Nacogdoches Memorial Hospital and the individual members thereof against any and all claims arising out of or relating to the Exhibitor's activities pursuant or related to Fall Bazaar covered by this Agreement of the activities conducted by Exhibitor hereunder. Neither Nacogdoches Memorial Hospital Auxiliary nor Nacogdoches County Hospital District is responsible for any loss experienced by the Exhibitor while show items or equipment are located at Nacogdoches Memorial Hospital or on hospital grounds.

Payment enclosed: \$ \_\_\_\_\_

Blount Park Bazaar Applicant's Signature and Date \_\_\_\_\_

**Mail or deliver check for Nacogdoches Memorial Auxiliary and completed/signed application by 10/7 to:  
Nacogdoches County Hospital District  
1018 N. Mound Street, Suite 105, Nacogdoches, Texas 75961**