

Dear Vendors:

You are cordially invited to take part in Marion's "Jingle & Mingle" event, to be held November 2, 2019. This fair will take place from 9AM to 3PM, at Marion Community Center, located at 203 North Third Street.

The charge per 8' table is \$25.00, payable in advance. Each additional 8' table is \$5.00. If you need an 8'x 8' display area, you will need to pay for two tables. A reservation form is enclosed for your convenience. Please return your paid reservation by **October 25, 2019**. **No refunds will be given after this date.**

As this show grows, we will need to expand booths into lower level of the building. Our intent is to assign several vendors to the lower level if we are using that space.

We would like to ask each vendor to donate an item for hourly drawings during the show. Shoppers will need to be present to win. Be sure to include your business card.

You may set up the day before the event, per scheduling with the REC Office. Or you may set up the day of the event beginning at 7:00 a.m. We do ask you remain set up until the show closes at 3 p.m.

SUBLETTING PROHIBITED - Exhibitors may not sell or give their booth space to anyone. The registered exhibitor and their merchandise must be the one occupying the booth. If you are unable to come, please call and let us know.

We will do our best not duplicate vendors. There may be vendors selling the same type product, but if you are associated with a particular company, our intention is that you should be exclusive.

This event will be free to the public. We ask that you help with parking by moving your vehicle once you have unloaded. We want parking near our event to be available for customers. Please help by moving your vehicle ASAP after you unload.

If you have suggestions, questions, or concerns, please let us know. We work to make our events better each year, and hope you are available to join us! Thank you.

Margo Yates & Allison Shults,
Marion Parks & REC

For more info, call 620-382-3425, or e-mail: chinga@eaglecom.net

Marion Parks & Recreation
203 N. Third
Marion, Ks. 66861
Phone: 620-382-3425
E-mail: chinga@eaglecom.net

Jingle & Mingle
Saturday, November 2, 2019
9 a.m. – 3 p.m.
Marion Community Center

I would like to reserve _____ 8-foot tables.

One 8-foot table is \$25.00 for Jingle & Mingle. Additional tables are \$5.00 each.
If you need a display area 8' x 8', you will need to pay for two tables.

Specify type of Product: _____

Name: _____

Company Name: _____

***Please be specific as to what company you are associated with as we will not allow duplicate vendors.**

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Area Code: (_____) _____

E-Mail Address: _____

Date: _____

Total Amount Paid: _____

Please enclose a check or money order, for the total amount due, made payable to:
City of Marion, 203 N. Third, Marion, Ks. 66861, along with your release of responsibility form.

Please register by October 25, 2019

RELEASE OF RESPONSIBILITY DOCUMENT

RE: Marion Jingle & Mingle
City of Marion Parks & Recreation Department
Marion, Kansas 66861

To Whom It May Concern:

You, as an individual or a company, shall be totally responsible for any and all damages and/or losses that may occur while your items are on and/or within the premises of the Jingle & Mingle event. We do not anticipate any problems, but we cannot carry insurance to cover your property.

Please fill in the following, and return it with your reservation form. Thank you for your cooperation.

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I, the undersigned, do hereby release the Jingle & Mingle Committee of the City of Marion Parks & Recreation Department of Marion, Kansas, and/or any part of it's affiliates, from the responsibility for any damages and/or losses incurred and/or caused by whatever means, on the premises being used as the site of the Marion Jingle & Mingle event. I further waive any right I might have to recover said damages from the Marion Jingle & Mingle Committee of the City of Marion Parks & Recreation Department of Marion, Kansas, and/or any of its affiliates.

DATED: This _____ day of _____, 20_____.

NAME: _____

ADDRESS: _____

CITY & STATE: _____

SIGNATURE: _____