



MADHATTERS ONE DAY VENDOR FORM

WHEN: Saturday April 25, 2025

EVENT TIME: 10-2PM

SETUP AT 9AM | NO EARLY TEARDOWNS

ALL VENDORS ENTER IN DOORS MARKED SHEPERD'S FLOCK PRESCHOOL

WHERE: Great Room SOLLC 3611 N Berens Rd NW, Prior Lake, MN 55379

INVITE YOUR FRIENDS, FAMILY, NEIGHBORS

VENDOR COST: \$50.00 (Round table and 2 chairs provided inside) | **FOOD TRUCKS**
 up to 10 x 30 area Outside Bring generator: \$80.00 | **ALL FEES NON-REFUNDABLE**

CHECKS ARE MADE OUT TO: SMOKE SIGNALS

MAIL COMPLETED FORM BELOW, YOUR MN ST-19, INSURANCE & ANY SPECIAL LICENSE NEEDED FOR YOU TO OPERATE AND YOUR CHECK ... ALL MUST BE RECIEVED BY: APRIL 01, 2025

SMOKE SIGNALS 2445 PAHA CIRCLE SHAKOPEE MN 55379



BUSINESS _____

ADDRESS _____

PERSON VENDING _____

EMAIL _____

CELL PHONE # _____

DESCRIPTION OF ITEMS _____

WEBSITE OR FB LINK _____

I have read and agree to abide by SS policies and expectations. I agree that the Smoke Signals (SS) as the event host is/are not liable for any injury, theft, or damage, sickness, death to either the buyer or seller or owner, or their property, arising out of or pertaining to preparation for/after or participating in the "Event" whether such injury, theft or damage occurs prior, during, or after the "Event". Owner further agrees to indemnify and hold the Event Hosts and SS, its members, volunteers and assigns harmless for and against any claims for such.

I understand that I must carry my own general liability and product liability insurance because the Event Hosts and or Smoke Signals do not provide this coverage.

I understand that courtesy and kindness matters and will treat others w/ respect. I understand I must cleanup my area .

Cross promotion is suggested for a strong event. I also know that drugs, alcohol, smoking, burn-outs will NOT BE TOLERATED, before, during or after. This is a family friendly day.

Smoke Signals™ Coordinators periodically take pictures of participants during events. Please be aware that these photos may be used in marketing materials and outlets.

If you or your family members do not want to be photographed or published you must give us a separate written notice. By signing below I understand.

SIGNATURE _____ DATE _____