



VENDOR APPLICATION

FOREVER FRIENDS MOTORCYCLE AWARENESS

Charity Bike Run and Event

Skylands Stadium, 94 Championship Place, Augusta, NJ 07822

Business Name: _____ Representative: _____

Vendor Address: _____

Telephone: _____ E-Mail: _____

Vendor Type (Artisan/Other): Please Write a Brief Description: _____

Desired Location: Indoor _____ Outdoor _____ Parking Lot (trailer/van) _____

Please check here if you are a Non-Profit Organization _____ or a Sponsor _____

10'x 10' vendor space \$50.00

Trailer/Van \$150.00

2 entry tickets for each vendor

All vendors are to supply their own tables, chairs, tents (must be secured with tie downs) and extension cords. (Electric available indoor only)

A door prize donation of \$30 value is appreciated

Gates open at 9:00 am - all vendors must have setup completed by 12:00 pm

MAKE CHECKS PAYABLE TO:
FOREVER FRIENDS MOTORCYCLE
AWARENESS INC
P.O. Box 21
Lafayette, NJ 07848

Application and payment may also be completed online at:

www.foreverfriendsmotorcycleawareness.org/

Follow prompts from the Donation button



CREDIT CARD INFORMATION: MASTER CARD VISA

CREDIT CARD NUMBER _____ EXP DATE _____ Code(3/4#) _____

CHECK NO: _____ Amount \$ _____

HOLD HARMLESS AGREEMENT ("AGREEMENT")

_____ Hereinafter referred to as a (Vendor/Crafter) shall defend, indemnify, and hold Forever Friends Motorcycle Awareness Inc and Skylands Stadium, their respective officers, employees, volunteers, and agents, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, harmless from and against any and all liability, loss, expense, including reasonable attorneys' fees and claims for injury or damages arising out of the activities, services, or products provided by or through Contractor/Vendor during the Activity but only in proportion to and to the extent such liability, loss, expense, attorneys' fees and claims for injury or damages are caused by or result from the negligent or intentional acts or omissions (including product sales or distribution) of Vendor/Crafter, its officers, agents or employees. Certificate of Insurance is required.

Signature _____ Date: ____ / ____ / ____



Tax ID: 47-1478460



Email for more information at foreverfriends4923@gmail.com or call Denise at 862-266-0456

www.foreverfriendsmotorcycleawareness.org