

# Highlands Business Partnership 2012 Clamfest Non-Profit Organization

Huddy Park ~ Rain or Shine ~ *Application Deadline July 6, 2012*

Thursday, August 2nd 6 pm to 11 pm

Friday, August 3rd 6 pm to 11 pm

Saturday, August 4th 12 pm to 11 pm

Sunday, August 5th 12 pm to 8 pm

**Non-Profit Highlands Organizations: \$75.00 Includes 10 x 10 space w/ electric.**

**Non-Profit Organization: \$150.00 Includes 10 x 10 space w/electric.**

PLEASE PRINT

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Charitable Org # \_\_\_\_\_ (Enclose a copy of your 501-C certificate.)

List **ALL** items to be sold or presented and **MUST** submit three photos:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am applying to participate as a vendor in the above-mentioned promoter's show. I may not be accepted to this show. Acceptance into the show is at the discretion of the promoter. If accepted, I agree to **be open during all hours of the event** and to **offer only the items from above that are approved by HBP**. I will keep my area clean. **Vendors must supply their own TENTS (required), TABLES, LIGHTS and OUTDOOR extension cord.** I understand that **all decisions made by HBP Events committee are final**. No refunds and failure to abide by the above rules could terminate my relationship with HBP and any other events. There is a \$25 fee for returned Checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Check or Money Order Payable to:  
Highlands Business Partnership, PO Box 375 Highlands, NJ 07732  
Phone 732-291-4713 ~ Fax 732-872-1031 ~ www.highlandsnj.com**

Rev. 10/11 For HBP use: App. Rec. \_\_\_\_\_ Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Accepted \_\_\_\_\_ Not \_\_\_\_\_