October Festival Application

Sponsored by the Town of Morven

P.O. Box 295 Morven, NC 28119

(704) 851-9321

Please complete, sign, and return this application to the Town of Morven.

**PERFORMERS:**

**NAME** **ADDRESS** **CITY**  **STATE** **ZIP CODE**

**PHONE ( )**

Please describe your performance.

If needed- please list items using electricity, please list items or appliances you will be

using and the number of outlets needed. # Of 110V # of 220V}

**General Release**:

I have read the performers information and understand that the Spring Festival Committee and the Town of Morven assume no responsibility for personal injury or work lost by theft or breakage either during or after the show hours. I understand that I have an allotted time to perform at the October Festival. I agree to be on time for my performance as scheduled by the Festival Committee. Failure to do so will result the loss of my slot. I may not share my space with another performer without prior permission. I **agree** to show and sell **only** those **items for** which **I was approved.** I understand **that this application is a commitment to** as a performer. By signing this application, I agree to the terms.

**Applicant’s Signature Date**