

# CLEVELAND WITCHES BALL – OCTOBER 22, 2016

## VENDOR and READER APPLICATION

COMPANY INFORMATION	
Business Name:	Contact Person:
Address:	City/State:
Business Phone:	Email:
Website:	

Description of Merchandise or Services:

### VENDOR FEE CHECKLIST: Check all that apply.

Vendor Space(s) (6' x 8' each) – Deadline 9/20/16 – Cost \$60.00	\$
Sponsorship package **Deadline 8/12/16 – Cost \$150.00	\$
Additional VIP tickets (\$20 each, limit of 2)	\$
Total amount included: (Check or Money order made out to CLE Witches Ball)	\$
<b>Please Mail to: CLE Witches Ball, 664 Broadway Ave. Bedford, OH 44146</b>	

**SPONSORSHIP: For your \$150 donations & an item worth a minimum of \$25 retail, your business logo will be on all printed ads, listed in the program, listed on the website, and recognitions as a Sponsor at the event. Sponsorship included a vending space, plus two (2) VIP tickets. Sponsor graphics should be 150 x 150 pixels, 300dpi, saved in GIF, JPEG, or PNG. This can be emailed to [clewitchesball@yahoo.com](mailto:clewitchesball@yahoo.com).**

#### Vendor Agreement

Vending spaces are 6' x 8'. Vendors must supply their own tables. Chairs will be provided. Vendor space includes the price of 1 ticket. Up to two (2) additional VIP tickets can be purchased at the reduced rate of \$20.00 each.

Vendors may arrive as early as 4:30 PM to start setup. All vendors need to be loaded in no later than 6:00 PM for the doors to be closed until the event starts at 7:00 PM.

Vendor agrees to not break down their booth prior to the end of the event. It is the responsibility of the vendor to have any licenses or permits needed to conduct business.

Event is held at the Ohio City Masonic Arts Center, 2831 Franklin Blvd. Cleveland, OH

Please make note of the deadlines and associated fees listed, and calculate your total amount accurately. Incorrect payments will delay registration and possibly omit your advertising. If you have any questions, please feel free to contact us at 440-439-4372.

- There are no refunds on registration fees. Absolutely no refunds for cancellations or no-shows.
- Vendor locations will be assigned by the Witches Ball event Committee.
- Retain a copy of this sheet for your records.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CLE Witches Ball**  
**October 22, 2016**  
**At the Ohio City Masonic Arts Center**  
**2831 Franklin Blvd.**  
**Cleveland, OH 44113**

**Hold Harmless Agreement**

The Contractor/vendor/participant shall indemnify and hold harmless **CLE Witches Ball** and **Crossroads Universal** and all sponsors, groups, their employees, volunteers, agents and servants from any and all losses, penalties, damages, settlements, costs, charges, professional fees (including attorney's fees) or their expenses or liabilities including the investigation and defense of any claims, arising out of or resulting from the performance of the contractor/vendor's work or the completed operations provided that any such claim, damage, loss, or expense (a) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of the use resulting in their form and (b) is caused in whole or in part by any negligent act or omission of the contractor/vendor, or anyone directly or indirectly employed by them or anyone for whose acts they may be liable (including claim by an employee of the contractor/vendor) regardless of whether it is caused in part by a party indemnified hereunder.

In any and all claims against **CLE Witches** and **Crossroads Universal** and all sponsors or groups involved, their employees, agents, and servants by any employees of the contractor/vendor, any directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this Agreement shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the contractor/vendor under the Worker's Compensation Acts, disability benefit acts, or other employee benefit acts.

This agreement must be signed by all vendors and their partners/employees/volunteers/agents and servants.

**Name of Organization, Individual or Business:**

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<b>Individual's Name (printed)</b>	<b>Individual's Signature</b>	<b>Date</b>