

**RESERVATION FORM**  
**62<sup>th</sup> ZONTA CRAFT & CURIOSITIES FAIRE 2022**  
**MAY 7<sup>TH</sup> & 8<sup>TH</sup> 2022**



**RETURN APPLICATIONS BACK TO:**  
**JUDITH HILLIS, 47 SANFORD ST. GLENS FALLS 12801**  
***ASAP DEADLINE MAY 1<sup>ST</sup> 2022***

Please read the information sheet carefully. **SAVE IT FOR FUTURE REFERENCE.** Type or print the information requested below, add date and sign your name.

1. Name: \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_
4. Cell phone for the weekend contact \_\_\_\_\_  
Home Phone \_\_\_\_\_
5. Email \_\_\_\_\_
6. Type of Product being sold: \_\_\_\_\_
7. Circle Selection: 11'X11' spaces: reservations for 2 days only \$ \_\_\_\_\_  
1 space \$100 1 ½ Spaces \$150 2 Spaces \$200 3/ \$250 4/ \$300  
*Preference will be considered based on the date of this reservation form & payment is received*
8. New York State Sales Tax ID Number: \_\_\_\_\_

**I WILL PROVIDE AND CLEARLY DISPLAY A VALIDATED CERTIFICATE OF AUTHORITY, INDICATING THAT I AM REGISTERED WITH THE NEW YORK STATE SALES TAX DEPARTMENT.**

9. I will provide a copy of **Certificate of Insurance OR Homeowners Policy** listing both Zonta Club of Glens Falls AND The City Of Glens Falls as additional insured for May 7 & 8 event AND USE THE address of P O box 251, Glens Falls NY 12804 for that form. (send in with application. **IF either of these requests is not available THEN you must sign This RELEASE.** This is required. I have read and understand the terms in the information sheet provided. I accept the above terms and I expressly release the ZONTA CLUB OF GLENS FALLS AND The City of Glens Falls of any and all liability for any damage, injury or loss to person and/or goods for any cause what so ever. I DO/DO NOT (please cross out one) wish to leave my/our canopy set up overnight. I agree to assume all of the risk associated with leaving the canopy set up overnight.

**Date:** \_\_\_\_\_ **Signed** \_\_\_\_\_