



RESERVATION FORM

ZONTA FALL CRAFT SHOW

FLOYD BENNETT MEMORIAL/WARREN COUNTY AIRPORT
443 QUEENSBURY AVE, QUEENSBURY, NY 12804
SEPTEMBER 22, 23 & 24, 2023

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

Name: _____
Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home _____ Cell for Weekend Contact: _____
Email Address: _____
Type of Craft/Items sold: _____
Circle Selection \$ _____ enclosed for 3 days only 10' X 10' space:
1 space \$300 2 spaces \$450 3 spaces \$600

NEW YORK STATE SALES TAX ID NUMBER (REQUIRED): _____
CERTIFICATE OF AUTHORITY indicating "Registered with NYS sales tax Department" NEEDS TO BE CLEARLY DISPLAYED AT BOOTH FOR THE WEEKEND. Provide a copy with your reservation.

INSURANCE REQUIREMENT: Provide a copy of the **CERTIFICATE OF INSURANCE** listing liability limits of one million dollars (\$1,000,000) per occurrence.

Information to be put on the Certificate of Insurance should read:

- Additional named Insured for Sept 22, 23, & 24, 2023, Zonta Club of Glens Falls volunteers, County of Warren, board, officers, employees, AND Adirondack Balloon Festival, Inc., shareholders, employees, agents, officers, directors, volunteers, consultants.
- Zonta Club of Glens Falls, PO Box 251, Glens Falls, NY 12801

IF THIS IS NOT AVAILABLE, provide a copy of your homeowner's policy showing coverage for the time of the event. A signature on this information form releasing and indemnifying Zonta Club of Glens Falls, Warren County and Adirondack Balloon Festival from any liability will be necessary.

CANOPY: NO STAKES ON THE PAVEMENT. GRASS IS AVAILABLE FOR YOUR CANOPY. SUGGEST SETTING UP ON THE GRASS TO SECURE THEM, VERY WINDY AREA.

- I **DO/DONOT (please cross out one)** wish to leave the canopy set up overnight. I assume all risk associated with leaving the canopy set up overnight.

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, WARREN COUNTY, AND THE ADIRONDACK BALLOON FESTIVAL of any and all liability for any damage, injury, or loss to person and/or goods for any or what.

Date: _____ Signature: _____

*** NOTE: GPS WILL BRING YOU IN A WRONG ROAD. See directions provided on the Information Sheet.**