

5th annual Roar in the Mountains

September 24-26 2010

*Please retain a copy of this for your records. Mail completed form to:
Roar in the Mountains, P.O.Box 53 Hollidaysburg, PA 16648
814-215-9022

Company/Vendor Name: _____

Address: _____ **City:** _____

State: _____ **Zip** _____ **Website:** _____

Contact Person: _____ **Phone:** _____

Fax: _____ **Email:** _____

Product Description Services: (Please write the description of your products or services as you would want to see if printed.) _____

Booth Spaces Available (No electricity available) One vendor Trailer per space

_____ 10' X 10' (\$200) _____ 20' X 20' (\$350) _____ 40' X 40' (\$550)

Your space must be exact. YOU CAN NOT EXTEND OVER YOUR PAID SPACE. Your paid display space must accommodate all parked motorcycles, open awnings, open trailer doors, hitches, extended ramps. Please note this is an all age event. No explicit materials, drug paraphernalia, etc. allowed on premises.

Exhibitor Setup Information/Requirements:

- Exhibitor Set-up and Tear-down Times- Vendors must be set up by Friday at 10am. Vendors must have displays torn down by Sunday at 6pm.
- Vendor Registration Cancellation Policy- Vendors receive 50% refund registration if cancelled before July 1, 2010. No refunds given if event does not take place due to circumstances beyond our control including acts of god or cancellation by a government agency.
- Payment- Vendor registration payment must accompany this form to guarantee reserved space. Checks made payable to: "Roar in the Mountains".
- Vendor Booth Location- Vendor location will be determined by Roar in the Mountains committee.
- Liability Insurance- Vendors must supply copy of insurance policy that includes name and dates of event.

I have read and agree to the above Exhibitor Requirements, I will not hold Roar in the Mountains, the shows sponsors or the borough of Hollidaysburg, PA responsible for any injury or liability, nor theft or damage of our property while exhibit at the show.

Representative's Signature: _____ **Title:** _____ **Date:** _____

Book early with full payment to assure your space. Keep a copy of this form for your records.