

Fulton County Spoon River Valley Scenic Drive Associates

(A Not for Profit Corporation)



www.spoonriverdrive.org

P.O. Box 525, Canton, IL 61542 • Phone: 309-647-8980

Greetings,

The Spoon River Valley Scenic Drive Associates are pleased to announce plans for the Spoon River Valley Scenic Drive Fall Festival. You will find enclosed the necessary information for vendor registration, general requirements and program book advertising forms. Please read all enclosures carefully for any changes and new information.

The money collected from registrations and advertising are what pay for publicity, official program books, sanitation, brochures, road signs, promotion, publicity, and all other expenses that are associated with this highly successful Fall Festival. The number of port-a-pots in each area are determined by *paid* registrations *before September 1*.

All vendors are encouraged to take advantage of the advertising in the Fall Festival program book so they will be easily found by their potential customers. Forms are enclosed with cost, ad sizes and deadline of **June 1st**.

Rules/ regulations for all Spoon River Valley Scenic Drive Associates Fall Festival participants:

- 1. Our Fall Festival dates are always the first two **full** weekends of October. Hours are 9am – 5pm.*
- 2. It is the responsibility of the vendor to contact the area representative or site manager of area/site they are wishing to attend.*
- 3. ALL vendors are required to pay the SRVSD Associates registration fees. The fee is the same for one day or all four days. SRVSD fees (are actually \$12.50 per day for all vendors):*

For all vendors the fee is \$50 and after Sept. 1st fee increases to \$75.
This is in addition to area or site set-up fees that may be required.
- 4. Each paid vendor will receive a contributor sign which is to be publicly displayed, showing you are officially registered with the SRVSD Associates.*
- 5. To be listed or have ads placed in the official program book, as a participant at your area/site, **your registration and payment must be received before June 1st.***
- 6. All food vendors/concessions are required to obtain a temporary food service permit from the Fulton County Health Department. Contact information: Fulton County Health Dept., Att: Environmental Health, 700 E Oak, Canton, IL, 61520, Phone: 309-647-1134, Ext 3, <http://www.fultoncountyhealth.com>*
- 7. All vendors are required to provide a (food vendors) certificate of product liability insurance, or (merchandise) proof of liability insurance which is to be included with SRVSD Associates registration or registration will be returned.*
- 8. All registration forms, advertising forms, payments and **voluntary** 10% fees should be sent to:*

Fall Festival Chairperson, P.O. Box 525, Canton, IL 61520.
- 9. All payments should be in the form of check or money order and made payable to: Spoon River Valley Scenic Drive Associates (SRVSD Assoc.) **NO CASH OR CREDIT CARDS ACCEPTED with a mail in registration/ advertising form.** Credit cards will be accepted on our website spoonriverdrive.org/vendors.html by PayPal. \$35 service charge on all returned checks.*
- 10. Vendors will NOT sell illegal items.*
- 11. The Spoon River Valley Scenic Drive Associates reserves the right to refuse set up to any vendor that they feel is inappropriate for the Fall Festival.*

Spoon River Valley Scenic Drive Registration Contract • 2022

www.spoonriverdrive.org • spoonriverdrive@mail.com • P.O. Box 525, Canton, IL 61520

All clubs, groups or individuals wishing to participate in the Spoon River Valley Scenic Drive Fall Festival are required to complete this form and submit with registration fee.

Your canceled check is your receipt. Questions?? Contact the Fall Festival Chairman - **309-647-8980**

****Mail In - Check or money order accepted only** Made payable to Spoon River Valley Scenic Drive (SRVSD)**

ALL MERCHANDISE VENDORS

- **\$50 Spoon River Drive Registration Fee**
- Send in your completed registration
- *ALL merchandise vendors are required to send copy of your proof of liability insurance for your product*

FOOD VENDORS ONLY

- **\$50 Spoon River Drive Registration Fee**
- Contact and comply with the County Health Department
- *ALL food concession are required to provide a certificate of product liability sent in at time of registration*

PRIOR TO REGISTRATION, EACH DISPLAYER MUST CONTACT AN AREA REPRESENTATIVE CONCERNING:
1) Space availability 2) Set-up fees 3) Special needs

A \$25 Late Fee will be added for any registrations after September 1

DEMONSTRATORS

*If you are **ONLY** demonstrating - No Registration Fee*
If you sell anything at all - \$50 Registration Fee (+\$25 Late Fee)

REGISTRATION FEES ARE NON-REFUNDABLE

Except in situations approved by the Association such as a complete shut down as in 2020

\$35.00 SERVICE CHARGE FOR ALL RETURNED CHECKS

Detach here - Keep top portion for your records - This will be accepted only if completed and with payment attached

LOCATION INFORMATION - MANY LOCATIONS HAVE A SEPARATE ADDITIONAL FEE

Arrangements have been made with the Area Representatives Yes No *Set up fees per location must be sent directly to Area Rep.*

Please check (or write in specific location) the area you will be exhibiting at for the year of _____

Astoria	Farmington (Reed Park)	_____	<input type="checkbox"/> <i>Blank is for specific area</i>
Avon	Ipava	_____	<input type="checkbox"/> <i>12345 North Main, Avon</i>
Bernadotte	Lewistown	_____	<input type="checkbox"/> <i>Marigold Meadows, Lewistown</i>
Canton	Smithfield (School)	_____	
Cuba	Smithfield (Town)	_____	
Duncan Mills	Vermont	_____	

Yes, You may share the address below digitally and in print
No, You may not share the address below digitally and in print

Business name (if any) _____ Bus. Phone _____
Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Briefly describe your product(s) _____

Will you be demonstrating? _____ If so, what? _____

Would you be interested in sending a contribution of 10% *donation* of your last years net earnings **to** the SRVSD? Yes No

The undersigned, individually and/or as owner/agent for herein named registrant do hereby agree to hold harmless Spoon River Valley Scenic Drive Associates, Inc., recognized Area Representative, thereof and all other representative thereof and all other registrants for any and all liability to persons or property resulting from the participation of the undersigned in any and all activities under the sponsorship of Spoon River Valley Scenic Drive Associates, Inc.

By filling this form, I accept all rules and regulations listed (#1-#11 on Greeting Letter) including Assumption of Liability.

Print name _____ E-mail _____

Signature _____ Date _____ month/day/year

Registration fee enclosed \$ _____ Prior year 10% donation enclosed \$ _____ (Optional)

Advertising fee enclosed \$ _____ Total amount enclosed \$ _____

Proof of Insurance must be enclosed for your product for all vendors

*****Contract must be completed and signed -- Incomplete applications (and Deposit) will be returned*****

The registration fees provide you with:

- 1) A contributor's sign and vendor ribbon which are to be displayed during the Fall Festival
- 2) A listing in the official program book • ***your registration must be received before June 1 to be listed***
- 3) A copy of the official program book

The SRVSD fees are used for sanitation, brochures, promotions, publicity and SRVSD functioning, etc.

Mail your completed registration, copy of Insurance, and fee to Fall Festival Chair, P.O. Box 525, Canton, IL 61520