



# Clinton Township Festival of the Senses ARTIST APPLICATION

## 2019 DATES

September 21 & 22, 2019

### 2019 PRICING!

#### Single Booth

Fee: \$160

#### Double Booth

Fee: \$285

#### Specialty Food Booth

Fee: \$225

#### Double Specialty Food Booth

Fee: \$340

**We can accept cash/check/cc payment. A \$25 insufficient funds penalty will be charged for any returned checks.**

Submit application and payment to:  
Clinton Township Recreation  
40700 Romeo Plank Rd  
Clinton Twp, MI 48038

Online registration available

Questions? Call for information  
586-286-9336

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

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website/Facebook: \_\_\_\_\_

Medium: Select the category that makes up 50% or more of your inventory—choose ONE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Authors       | <input type="checkbox"/> Ceramics         | <input type="checkbox"/> Children's Crafts    |
| <input type="checkbox"/> Digital/Photo | <input type="checkbox"/> Fiber (wearable) | <input type="checkbox"/> Fiber (non-wearable) |
| <input type="checkbox"/> Glass         | <input type="checkbox"/> Jewelry          | <input type="checkbox"/> Metal                |
| <input type="checkbox"/> Mixed Media   | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Pottery              |
| <input type="checkbox"/> Wood          | <input type="checkbox"/> Spa/candle/soap  | <input type="checkbox"/> Craft                |
|  | <input type="checkbox"/> Specialty Food   |   |

Check In Time:  1:30-3:30 pm (FRI)  3:30-5:30 pm (FRI)

5:30-8:00 pm (FRI)  7:00-9:00 am (SAT)

**Please see the Vendor Information sheet for full event/application information.  
Booth Request forms will be sent upon approval - requests are not guaranteed.**

WAIVER OF LIABILITY, WARRANTY OF PHYSICAL HEALTH, PHOTO RELEASE & PARENTAL CONSENT  
We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to: being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the Charter Township of Clinton, its employees, agents contractors and those in concert and participation with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of ourselves. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigned, hereby agree to allow the individual(s) named herein to participate in the Charter Township of Clinton Parks and Recreation activities. I certify that, to the best of my knowledge, the participant(s) named herein is/are physically fit and able to engage in Parks and Recreation activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation. I hereby authorize the Charter Township of Clinton Parks & Recreation Department to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the Township of Clinton Parks and Recreation.

Check here to opt out - I do not authorize the use of any photos, video, or audio in which I or my dependents appear

Printed Name \_\_\_\_\_ Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Information :: Please Fill Out Completely :: All Information will be Securely Shredded By the Office Staff :: Credit Card Information

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Check One:  Visa  M/C  CVS (3 digit code on back) \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ Amount \_\_\_\_\_

Credit Card #: \_\_\_\_\_