



Bloom n CHALK Fest

Vintage Road Show
on Main Street

Saturday, March 16th

9 a.m. to 6 p.m.



Name of Vendor _____

Contact Name _____ Phone _____

Email _____ Web Address _____

City _____ State _____ Zip _____

Type of Product _____

Vendor Fee: \$75 per space. Checks should be made payable to the Safety Harbor Museum.

SET UP will be 8:00-9 A.M. Positively no set up before 8:00 a.m.

Check in will begin at 7:30 at Artist Tent 4th & Main Street

Breakdown MUST be COMPLETE by 7:00 P.M. – judge your time accordingly.

If you are not off the street by 7:00 p.m. you risk not being allowed to participate in future shows.

Safety Harbor Museum and Cultural Center
ROAD SHOW – CHALK FEST
329 South Bayshore Blvd.
Safety Harbor, FL 34695

Special Note for 2019 Road Show

Leonard Turner will be collecting the signed applications and checks. Should you not be able to get your information to Leonard Turner, please contact Bobbie@bloomNchalkfest.com

General Event Information:

- **Event will take place on Main Street**, Safety Harbor. Spaces will be assigned on Main Street in the 400 block.
- All vendor cars and trailers must be off the street no later than **9 a.m.** Vehicles must be moved to an off-site parking space.
- All vendors will be given one 12x12 space. Vendors are responsible for their own tables and chairs. Tents must be secured appropriately. Any decorations utilized must not interfere with neighboring vendor space.

Hold Harmless

I/We agree to release the City of Safety Harbor from any liability of any kind for any and all damages arising out of any loss or injury resulting from my participating in any activities of any kind in anyway connected to the City of Safety Harbor or use of any facilities or equipment made available by the City of Safety Harbor. This release includes a release for any and all losses or injury arising out of any act or omission or negligence of the City of Safety Harbor, its agents, employees, or activity supervisors, specifically concerning or arising out of Safety Harbor Leisure Services Department. Please read carefully before signing. This release is signed of my/our free act and will.

Participating Vendor _____ Date _____