



Vendor and Exhibitor Registration Form  
Sunderland Maple Syrup Festival  
April 1 - 2, 2023

*Entry Deadline; Friday March 24, 2023  
Deadline to be listed in the booklet: Feb 28, 2023*

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

Company/Service Name \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Exhibit: (please be descriptive) \_\_\_\_\_

Space Required: \_\_\_\_\_ Space Indoor Preferred \_\_\_\_\_

I will be selling my wares at the Festival Yes \_\_\_ No \_\_\_

I will be exhibiting only Yes \_\_\_ No \_\_\_

I will be attending Sat \_\_\_ Sun \_\_\_

I will be selling food products Yes \_\_\_ No \_\_\_

Cost of 10x10 (10x8 indoors) space is \$95.00 for the weekend or \$50.00 per day. Double space \$190.00

Set-up time 7:00 to 9:00 am, **please do not start setting up until you have been given your spot**

Vehicles will not be allowed on River St. Church St. or Park St. **Vendor Parking will be assigned**

Vendors not set up with vehicles off the street by 9:00 am may forfeit their space.

**All vendor spaces are outside at this time, preference given to two-day bookings.**

1. Please complete this application form and sign
2. Make your cheque payable to Sunderland Maple Syrup Festival  
payment due by January 31, 2023, or upon registration after February 1, 2023

Payments may be eTransferred to [donna.beat@hotmail.com](mailto:donna.beat@hotmail.com)

3. Mail or scan and email the 2 pieces to:

Donna Beattie  
Unit 2-120 Main St. N.  
Uxbridge, ON L9P 1C7  
705-879-6744  
[donna.beat@hotmail.com](mailto:donna.beat@hotmail.com)

*Festival Use Only*  
*Date Rec'd.....*  
*Conf Sent.....*  
*Booth Number.....*

I \_\_\_\_\_ will not hold the Sunderland Maple Syrup Festival Committee, Durham Board of Education, the Township of Brock or the Region of Durham responsible or liable for any loss or damage to persons, property or any bodily injuries, which may occur during the Sunderland Maple Syrup Festival.

I acknowledge with this signature that I have the necessary liability insurance and will provide a copy upon request.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_