



Ward Museum/Delmarvalous Festival 2022

EXHIBITOR SPACE RENTAL AGREEMENT

This is to serve as an agreement between _____ and the Ward Foundation of 909 S. Schumaker Dr., Salisbury, MD 21804, for the rental of exhibitor space at the Ward Museum/Delmarvalous Festival to display and sell decoys, folk art, art, antiques, crafts, activities for children/families, and boating, hunting and fishing supplies on Saturday, August 13, 2022. Exhibitor area is in the front parking lot of the museum.

Outdoor Tailgating Spaces are as follows: One space is equal to two parking areas, Cover, tables and electricity are not available. Indoor Vendor Space (1- 6 ft. table included, limited electricity)

Set up starts at 7 a.m. (indoor & backyard exhibitors please be set up by 8 a.m.)

and outdoor grounds/parking lot exhibitors by 9 am) and breakdown for starts at 2 p.m. on Saturday

All exhibitors are prohibited from parking at the rear of the building.

<input type="checkbox"/> Outdoor Space Saturday 8 a.m. - 2 p.m.	No. of spaces _____ x \$25.00 = \$ _____
<input type="checkbox"/> Backyard near Challenge	
<input type="checkbox"/> Grounds around Museum	
<input type="checkbox"/> Front Parking Lot	
<input type="checkbox"/> Indoor Space Saturday 8 a.m. - 2 p.m.	No. of spaces _____ x \$50.00 = \$ _____
Due in full with return of agreement	
GRAND TOTAL Enclosed = \$ _____	

I understand I will be assigned a location as deemed best by the management. By signing this agreement, I agree to protect the Ward Foundation, its Board of Trustees, and its employees, Salisbury University, and to save them harmless from any and all claims for damage or suits which may arise from injury as well as loss or damage to property or persons occurring within the retail space I have rented. I also agree the Ward Foundation, its Board of Trustees, and its employees, Salisbury University are not responsible for the safety of my exhibit or any property in the case of loss by fire, robbery, theft, accident, or any other destructive cause or for injury that might occur to me, my employees, assistants, guests, and customers. Additionally, I agree to abide by all decisions of the management made in reference to and in conjunction with said event. I agree that my information will be listed on the Ward Museum web site, and that I must pay in full with return of agreement in order to receive this listing. I understand that I must cancel in writing by July 31, 2022, in order to receive a full refund.

Name _____	MD sales tax no. _____
Business Name _____	Phone (_____) _____
Address _____	Fax (_____) _____
City/State/Zip _____	E-mail _____
Zip _____	Website _____
<input type="checkbox"/> Check if address is NEW	
Describe what you plan to display & sell or activity _____	
Signature Required _____	Date _____
Member ID # _____	

Name Badges: Please print names below as you would like them to appear on badges. Limit 2 per space.

Please make checks payable to the Ward Foundation.
Return agreement to:
Kristie Clattenburg, Event Director
The Ward Museum of Wildfowl Art
909 S. Schumaker Dr.
Salisbury, MD 21804
(410) 742-4988 Ext. 106
E-mail: kaclattenburg@salisbury.edu

For office use only	
Amt. Recd	\$ _____
Date	_____
Check no.	_____