

# Great South Bay Music Festival LLC.

## FESTIVAL VENDOR REGISTRATION

---

**Date:** Fri, Sat., Sun., July 15, 16 & 17, 2011

**Place:** Shore Front Park, Patchogue, NY (Located on the Water Front)

**Alloted Area:** 10' X 10' or 10' X 20'

**GSBMF to provide power for lights**

**Registration Fee:** \$350.00 (for three days) for the 10' X 10' area

\$600.00 (for three days) for the 10' X 20' area

Vendors must supply their own merchandise which is subject to GSBMF approval.

**Reg. Information:** You will be notified of your acceptance within one week of receipt by GSBMF. Your booth fees are due when submitting your application. In the event of refusal, all monies will be returned.

For information regarding festival applications, please contact our office:  
Monday thru Friday, 10 am. To 3 pm. – (631) 331-2800, Fax (631) 331-2643.

**Booth Name:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Sales Tax or Resale #:** \_\_\_\_\_

**Description of all items you will sell:**  
**(Attach extra sheet if necessary, slides, promotional materials etc.):**

---

---

---

---

---

---

---

---

---

---

Please accept my check for the following:

<b>Amt.</b>	<b>Cost</b>	
_____	\$ _____	<b>Booth Fee: \$350.00 for the 10' X 10' area.</b>
_____	\$ _____	<b>Booth Fee: \$600.00 for the 10' X 20' area.</b>
_____	\$ _____	<b>Tables: \$20 ea.    Deposit of \$100.00 required. Cash only.</b>
_____	\$ _____	<b>Total Payment Included</b>

**Please include your check for the full amount or your application will be refused.**

**I agree to all terms and conditions set forth by the GSBMF, and I release the Great South Bay Music Festival, LLC. And The Village of Patchogue, from all liability and responsibility for any loss, damage, or bodily injury, before, during or after the festival. GSBMF LLC. Reserves the right to refuse any application and will fully refund all monies paid in the event of refusal.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Make checks payable to:**  
GREAT SOUTH BAY MUSIC FESTIVAL LLC

**Mail to:**  
GREAT SOUTH BAY MUSIC FESTIVAL LLC,  
P.O. BOX 372,  
PORT JEFFERSON, NY 11777

**If accepted, you will receive a confirmation letter within one week of receipt.**