

5TH ANNUAL SHORELINE JEWISH FESTIVAL ART & CRAFT EVENT

SUNDAY, AUGUST 1, 2010

12:00 A.M. – 6:00 P.M.

“Chabad Lubavitch of the Shoreline” is proud to present the 5th annual Shoreline Jewish Festival event on the Guilford Green.

This event is located in a densely populated area along the shoreline of Guilford, CT and should bring in wall-to-wall shoppers.

CENTRALLY LOCATED HIGH TRAFFIC EXTENSIVELY ADVERTISED

FREE ADMISSION

FREE PARKING

FEE: \$85 SPACE SIZE: 12'W X 12'D. THIS IS AN OUTDOOR EVENT Check must accompany application.

APPLICATION: THIS EVENT IS OPEN TO ART & CRAFT ONLY. Please enclose three (3) photos of your work and one (1) of your display (you may e-mail photographs). **NOTE: Previously accepted exhibitors need not to send photographs.** Upon acceptance of your application, a confirmation notice and all pertinent information regarding set-up time and traveling instructions will be sent. If not accepted your check along with your photographs will be returned.

For further information, contact **Ronen. Tel: 203-300-7741 Fax: 203-777-8903 e-mail: yurway@gmail.com**

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The Undersigned agrees to exhibit at the “5th Annual Jewish Festival Art & Craft Event” on Sunday, August 1, 2010, AND WILL COMPLY WITH THE RENTAL REQUIREMENTS AS STATED. Exhibitors shall and will defend, indemnify and save harmless “Chabad Lubavitch of the Shoreline”, and their members, employees, and representatives from and against any and all liabilities, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions and causes of any and every kind and nature arising or growing out of or in any way connected with Exhibitor’s use or occupancy at this festival event.

CHABAD LUBAVITCH OF THE SHORELINE, reserves the right to accept or reject any exhibitor, and shall have the right to make such rules and regulations as set forth by CHABAD LUBAVITCH OF THE SHORELINE.

NAME _____ COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ TEL # _____ FAX # _____

E-MAIL ADDRESS _____

CRAFT MEDIA _____ PRICE RANGE _____

SIGNATURE _____ DATE _____

PLEASE MAIL APPLICATION ALONG WITH A CHECK PAYABLE TO “CHABAD OF THE SHORELINE” TO:

**Ronen Yur
20 Ferry Road
Old Saybrook, CT 06475**