

# CLIFFHANGER PRODUCTIONS, INC.

161 Park Avenue Rutherford, New Jersey 07070-2307

Phone: (201) 460-8335 Fax: (201) 460-1012

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[WWW.CLIFFHANGERPRODUCTIONS.COM](http://WWW.CLIFFHANGERPRODUCTIONS.COM)

## 2017 GLEN ROCK FALL FESTIVAL VENDOR APPLICATION

**SUNDAY, SEPTEMBER 24, 2017 – TIME: 10:00 AM – 5:00 PM**  
**RAIN OR SHINE**

**Time of Event:** 10:00 a.m. to 5:00 p.m. Set up: 7:00 a.m.  
**Place:** Rock Road/Glen Rock, NJ  
**Produced by:** Cliffhanger Productions **Phone:** 201-460-8335 **Fax:** 201-460-1012

The Glen Rock Chamber of Commerce/Borough of Glen Rock will provide substantive publicity to attract a large attendance. The undersigned exhibitor/vendor hereby contracts for exhibition space at the Glen Rock Fall Festival and encloses the required non-refundable deposit. By signing below, the exhibitor/vendor and all its agents, servants, and employees, do hereby release the Glen Rock Chamber of Commerce, Borough of Glen Rock and Cliffhanger Productions from any and all damage or loss whatsoever and from any and all liability for personal injury or damage of any kind to the exhibitor/vendor, and its agents, servants, and/or employees, and/or its merchandise, products, equipment, or vehicles. The exhibitor/vendor and its agents, servants, and employees further agree to defend, indemnify and hold harmless the Glen Rock Chamber of Commerce, Borough of Glen Rock and Cliffhanger Productions for any and all damages and losses of any kind to any person or entity, caused by the negligent act or failure to act of the exhibitor/vendor and its agents, servants and/or employees.

Food Vendors	\$250.00 x _____ Spaces	= _____
Arts/Crafts/Other Vendors	\$150.00 x _____ Spaces	= _____
Local Merchants	\$100.00 x _____ Spaces	= _____
Non-Profits	\$ 50.00 x _____ Spaces	= _____

**Vendors must submit photos of products with application**

Total Amount Enclosed: \_\_\_\_\_

**Payment:** Mail completed application and nonrefundable fees in a check made payable to  
“Cliffhanger Productions” to: **Cliffhanger Productions, 161 Park Avenue, Rutherford, NJ 07070**

Contact Name \_\_\_\_\_ Trade \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

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

Sales Tax Number, Indicate State and # (ex. NJ/NY/PA) \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Website \_\_\_\_\_ Email Address \_\_\_\_\_

Merchandise description (This info will be used for publicity, booth placement, and exhibitor lists)

\_\_\_\_\_, \_\_\_\_\_,

Additional info for marketing (i.e., a specialty) \_\_\_\_\_