

**Fieldstone Show Park Vendor Information**  
**Circle all dates that apply**

May 8-12 | May 15-19 | June 12-16 | June 19-23 | June 28-30 | July 24-28 |

August 14-18 | August 20-25 | September 4-8 |

**Products and Services Vendor Prices**

Check Box	Space Size	Price Per Week	Full Season Rate
	Small Trailer (Under 20 Feet)	\$700	\$4900
	Large Trailers (Over 20 Feet)	\$800	\$5600
	Tent 10 x 10	\$400	\$2800

**Food Vendor** – Contact Rachel Sherer @215-200-1981 | Rsherer44@gmail.com

**Important Information**

- Prices are for the length of trailer.
- Price includes electricity 110 AMP
- Electricity 220 AMP additional \$100
- If you require a tent, please reserve by April 15. Quantities are limited.
- Tent Rental price \$150 for 10 x 10
- June 28-30 Show price based on weekend only and reduced. Please inquire about Pricing.
- If you provide your own tent, it must be staked to the ground.
- Spaces are assigned by Fieldstone Show Park.

Vendor Company: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

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

Mobil: \_\_\_\_\_ Email: \_\_\_\_\_

Product or Service: \_\_\_\_\_

**Payment information**

A 50% (non-refundable) deposit is required upon signing Vendor Contract

Please make checks payable to Fieldstone Show Park

Mail Checks to:

Rachel Sherer | 21 Plymouth St. Halifax, MA 02338 | 215-200-1981 | rsherer44@gmail.com

**Credit Card Authorization Form**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV #: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fieldstone Show Park Vendor Contract

**All vendors must complete this form and return it to Fieldstone Show Park with a deposit prior to:**

April 5 for May Shows | May 10 for June Shows | June 20 for July Show

July 5 for August Shows | August 5 for September Show

(For full season discount, please have deposit by April 5, balance the start of May Show.

Vendor contract may be returned with deposit by mail or email to:

Rachel Sherer | 21 Plymouth St. Halifax, MA 02338

For questions, please contact Rachel @ 215-200-1981 | [rsherer44@gmail.com](mailto:rsherer44@gmail.com)

### Terms and Conditions

Vendors must provide at their own expense, procure, and maintain a current insurance policy that includes the following: **Commercial General Liability:** Vendor will provide Commercial General Liability, including Bodily Injury and Property Damage Liability in an amount not less than \$1,000,000.00 combined single limit, per occurrence, and \$2,000,000.00 aggregate.

**Additional Insured / Hold harmless:** Vendors will add Fieldstone Show Park Inc., and its officers, employees, agents, and volunteers to be included as Additional Insured Insurance and is primary as respects to all other Insurance or self-insurance in force.

**Worker's Compensation/Employee Liability:** Vendor will have insurance covering all persons whom the vendor may employ (Statutory Limits \$500,000.00)

Vendors must conduct business in a professional, courteous, and ethical manner and without regard. Any personal injury to vendor or third parties, or any property damage incurred in the course of this agreement shall be the responsibility of the vendor.

Vendors agree to indemnify, defend, and hold harmless Fieldstone Show Park Inc. and its officers, employees, agents, and volunteers against all cost, losses, damages, liabilities, expenses, demands, and judgements, including court cost and attorney fees., which may arise out of vendors performance.

\*Please include a copy of your insurance policy with your deposit with your signed contract.

### **Food Vendors: Please read the Board of Health permit 30 day rule.**

Food vendors must be approved by the horse show committee before applying to the Halifax Board of Health. Contact Rachel Sherer at [rsherer44@gmail.com](mailto:rsherer44@gmail.com) or 215-200-1981.

After show committee approval, Food Vendor must apply for a permit with the Halifax Board of Health.

Permits must be submitted at least **30 days prior to event** opening date. NO EXCEPTIONS

### **Halifax Board of Health Administrative Assistant Peggy Selter**

**Phone: 781-293-6768 | Fax: 781-293-1783 | Email: [peggy.selter@halifax-ma.org](mailto:peggy.selter@halifax-ma.org)**

**Vendor Company:** \_\_\_\_\_

**Vendor Contact:** \_\_\_\_\_

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

**Mobil:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Product or Service:** \_\_\_\_\_

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

