HolidayFest Arts and Crafts Fair
Warner Park Community Recreation Center
Saturday, December 6, 2025 | 9:00 am – 3:00 pm
www.cityofmadison.com/parks/wpcrc

APPLICATION CHECKLIST:

ENCLOSE THREE PHOTOS OR COPY OF PHOTOS FOR YOUR CRAFT, REQUIRED EVERY TIME FOR JURY SELECTION. **NO PHOTOS, NO ENTRY**

ENCLOSE PAYMENT CHECK, CASH, OR CREDIT CARD ACCEPTED (**CHECKS PAYABLE TO: CITY TREASURER)**

CALL IN ADVANCE TO VERIFY WE HAVE TABLES/ELECTRICITY AVAILABLE **(608) 245-3669**

APPLICATION FORM (REQUIRED INFORMATION):

NAME OF CONTACT:_____

BUSINESS NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

EMAIL (REQUIRED):_____

PHONE NUMBER:_____

WI SELLER'S PERMIT #: _____

IF NO PERMIT, LAST FOUR OF SSN #:_____ *OR EXEMPTION CODE BELOW:_____

*If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor.

1 - Exempt Sales Only or Display Only **2 -** Multi-Level Marketing Company Pays Sales Tax
3 - Nonprofit Occasional Sales Exemption **4 -** Exempt Occasional Sales

WHAT ARE YOU SELLING:_____

NUMBER OF SPACES REQUESTED: (MAX 2)

$70.00 _____ (INCLUDES TAX & VENDOR PERMIT, CITY ORDINANCE 8.17(6))

NUMBER OF TABLES REQUESTED:

$5.00 _____ (MAX 2 PER SPACE, CALL TO VERIFY AVAILABILITY)

ELECTRICITY REQUESTED:

$5.00 _____ (CALL TO VERIFY AVAILABILITY)

TOTAL PAYMENT DUE: _____

CHARGE MY CREDIT CARD #:_____ EXP. DATE:_____ BILLING ZIP CODE:_____

SIGNATURE FOR CHARGE:_____

PARTICIPANT AGREEMENT: In exchange for permission to use these facilities, participate in WPCRC Programing, and/or transportation, I agree that I will be liable to and will indemnify, defend and hold harmless the City of Madison and its officers officials, agents, and employees against all loss or expense (including liability costs and attorney fees) by reason of any claim or suit, or of liability imposed by law upon the City or its agents or employees for damages because of bodily injury including death at any time resulting wherefrom, sustained by any person or persons or on account or damages to property, including loss of use thereof, arising from, in connection with, caused by or resulting from me or my family member's act or omission in attending and using these facilities, participating in WPCRC Programing, and/or transportation, whether caused by or contributed to by the City or its agents or employees. I agree that I and my family members will abide by all WPCRC rules and regulations. I understand that photographs/ videos taken of recreation programs may be used by the City of Madison Parks Department. I also understand that the City of Madison, does not provide any kind of medical coverage for me or my family. I agree by signing this document that the above still applies for any and all renewals.

SIGNATURE FOR AGREEMENT ABOVE:_____