



23rd Annual Tug of War

November 5, 2022 11:00am - 5:00pm

MAIL: PO Box 3455, Annapolis MD 21403 or email: premier@themre.org

Merchandise Registration Form

Company: _____

Contact Person: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Best way to contact prior to the event: Phone / email

Please provide a phone number to contact you during the event: _____

Please check: \$125.00 fee for Profit \$0 for Non-profit
 Merchandise Services Other _____

Payment Options:

Payments and contracts must be received by September 15, 2022.
Send payment in the form of a check or money order with your signed contract to:
The MRE PO Box 3455, Annapolis MD 21403
Please direct payment questions to: Finance@themre.org or (301) 641-4242

For MRE Use Only:

Received by: _____ Check No. _____

MRE Authorized Signature _____

Title: _____ Date: _____

Annual Tug of War

Please read the ENTIRE APPLICATION before signing and returning.

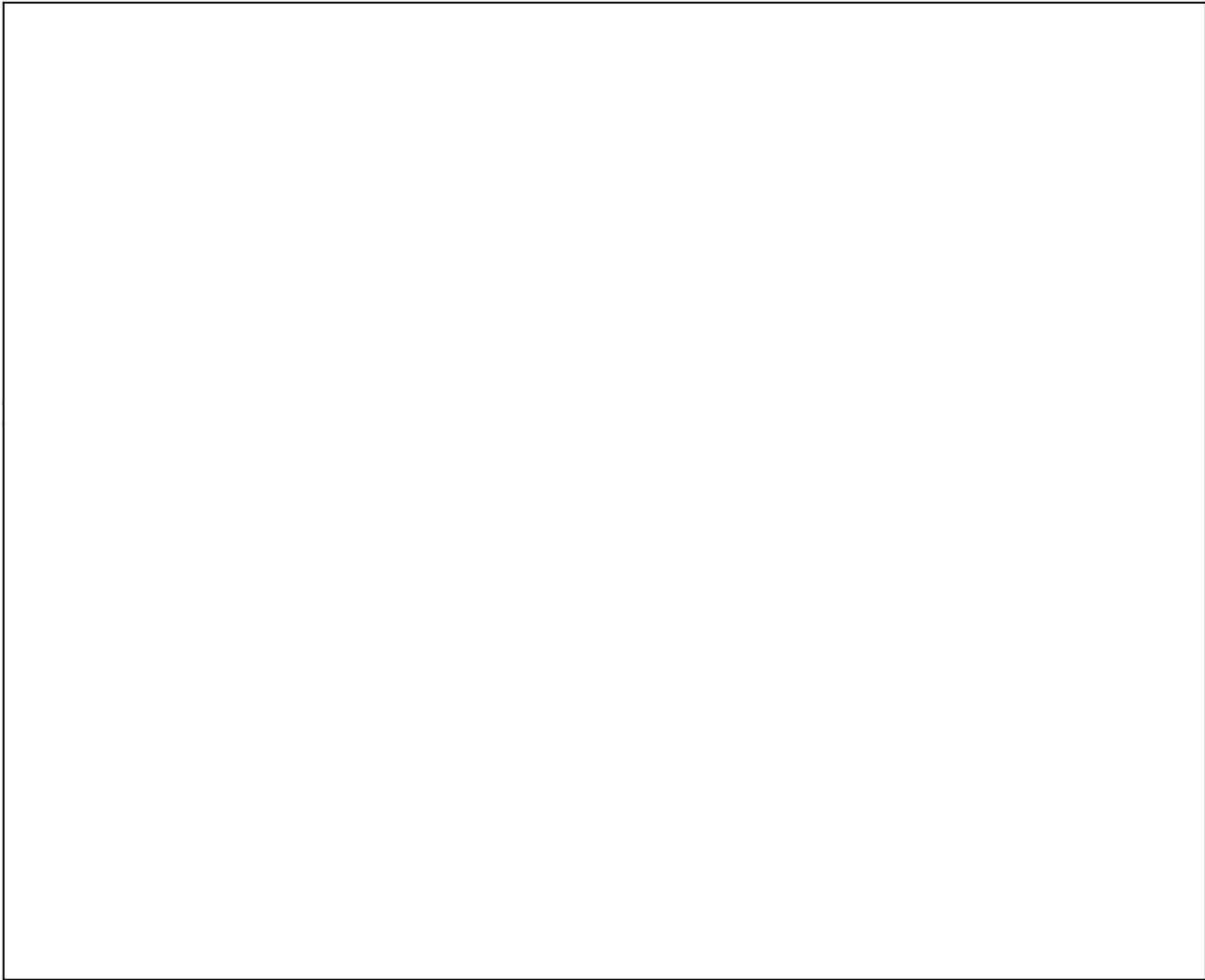
1. The Tug will take place rain or shine. Location is in Annapolis, the Eastport side, at the Spa Creek end of Second Street.
2. Vendors are responsible for timely arrival. Setup is between 7:30-9:30 am Saturday morning. Space is forfeited if not occupied by 9:30 am. Vehicles, except for mobile prep & serving trailer/vehicle, will not be permitted to remain on site after 10:00 am except where prior arrangement is made with the MRE. Vendors are responsible for cleaning and restoring their area to its original appearance by 5:30 pm.
3. Each vendor will receive a 10ft x 10ft assigned space. Flexibility is required as some sites abut sidewalks and public rights of way. Please note in the space on the last sheet if your site plan is not flexible or you require a completely flat area.
4. Vendors provide their own assistants, tents, tables and chairs. All tents must be approved for fire-safety; the fire inspector will be on site on Saturday morning to check tents. All tents must have a fire extinguisher on hand per the Annapolis fire code.
5. MRE is working to make this event as "green" as possible. **ABSOLUTELY NO STRYFOAM** will be permitted. We can refer you to sources of Greenware for your food or drink services.
6. Every attempt will be made to keep each vendor site unique. **List all products to be sold on the next sheet.** Vendors are required to supply and maintain at least one trash can and one recycling bin at their booth.
7. Due date for your application is September 15th. An application is considered your commitment to the festival. Applications do not confirm acceptance into event. Confirmation is made via mail (receipt) or phone call. Please list a number where you can be reached. Money will be refunded for any application that we are not able to confirm.
8. Vendors are responsible for their own insurance. Please provide proof of insurance and you must have a valid license when applicable. The Maritime Republic of Eastport is not liable for any loss theft or damages to property caused by fire, casualty, acts of God or man to merchandise or person. The Maritime Republic of Eastport will not be held liable for damage or loss to personal property or for injury to persons or employees while on the premises. An accepted/confirmed vendor agrees to assume full responsibility to prevent these occurrences, to provide insurance and secure against anticipated loss.
9. This event will be held rain or shine. No refunds, no exceptions.
10. Vendors are responsible for permits that are needed which can be obtained through the Anne Arundel County Department of Health and the health inspector will be on site the morning of the event.

11. Signing this application indicates you have read, understood and agree to comply with event rules. The Maritime Republic of Eastport reserves the right to dismiss any vendor who violates this contract.

Please list your items for sale or attach a list:

Please describe your booth space, including any special needs. Please include information on your tent/vehicle size. If applicable, electrical needs, number of people working and any other relevant information. Attach a sketch of booth layout. This information allows us to place you in a space most suitable for your size and needs. Please be as complete and descriptive as possible.

Please sketch your booth layout here:



Name (please print):_____

Company Name:_____

Vendor Applicant Signature:_____ Date:_____

MRE Vendor Coordinator Signature:_____

Date:_____