



**2019 Zombie Run & Fall Fest Vendor Application**

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (     ) \_\_\_\_\_ Work/Cell: (     ) \_\_\_\_\_

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

Please describe the type of product(s) you will be selling:

\_\_\_\_\_  
\_\_\_\_\_

Price Range of Product(s): \_\_\_\_\_

Fee (please circle): Outdoor Booth \$35

Vendor is responsible for set-up and supplying their own tables/display, tent/awning & security of tent/awning.

I agree that Lebanon High School, Lebanon Band Boosters, and Lebanon Blue Devil Band Zombie Run & Fall Fest, will not be held liable for the loss, theft, or damage to any goods, personal property, or for injury to persons or property within the area of the booth leased by me. I expressly agree to be responsible for security at my booth, and to keep the area within the booth free of debris, obstructions, or other hazards that might result in injury to the public. I will not deface, damage, move, or injure the exhibition space or booth space. I will pay the cost of repairing any damage or injury done to the exhibition facility and surrounding grounds.

Merchant's Name (Please Print): \_\_\_\_\_

Merchant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lebanon High School Band Booster Signature: \_\_\_\_\_

**Please send completed form and payment to:**  
Lebanon Band Boosters, P.O. Box 206, Lebanon, TN 37088

Lebanon High School Band Boosters Contact Name and Info:

Susan Solbrig  
615-497-7990  
[lhsbandboosters615@gmail.com](mailto:lhsbandboosters615@gmail.com)