

**RECEIPT - MANSFIELD CIVIC CENTER
RENTAL DATES - OCTOBER 13 - 22, 2017**

CASH, CERTIFIED CHECK, COMPANY CHECK, OR MONEY ORDERS WILL BE ACCEPTED
NO CHECKS WILL BE ACCEPTED AFTER SEPTEMBER 1ST DEADLINE DATE

Make all checks or money orders payable to: MANSFIELD CIVIC CENTER

MAIL TO:

**WILLIAM OSMON
599 FRONTIER COURT
TERRE HAUTE, IN 47803**

Phone 812.251.7660
Email: wrosmon@gmail.com

LEASE DATES - October 13 - 22, 2017

RECEIVED FROM:	_____	_____	_____
	LAST NAME	FIRST NAME	BUSINESS NAME
			RENTAL FEE _____
SPACE # _____			ELEC CHG _____
			SALES TAX _____
			MANSFIELD ASSOCIATION FEE \$25.00
			TOTAL CHARGES _____
AUTHORIZED SIGNATURE _____			DEPOSIT _____
			BALANCE _____

ANY VENDOR WHO DOES NOT CHECK IN BY 7:00 AM THE MORNING OF THE SHOW
WILL FORFEIT THEIR SPACE AND PREPAYMENTS WITHOUT REFUND.

**2017 APPLICATION - MANSFIELD CIVIC CENTER
APPLICATION MUST BE COMPLETED AND SIGNED**

PLEASE PRINT IN INK

NAME		BUSINESS NAME* _____		
LAST NAME	FIRST NAME			
ADDRESS		Email _____		
CITY		STATE	ZIP	
TELEPHONE	CELL:	BUSINESS:	ELECTRICITY	YES NO

MERCHANDISE: _____
Must be listed to be _____
sold. Changes must _____
be approved. _____

I the undersigned, along with any of my representatives, agree that the Mansfield Civic Center owners and any of their associates or employees shall be held harmless and free from any liability in the event of any unforeseen occurrence such as loss of work or personal injury or property arising from the rental and occupation of space for the festival.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

RENTAL FEE _____	SPACE/s # _____
ELEC CHG _____	_____
SALES TAX _____	
MANSFIELD ASSOCIATION FEE \$25.00	
TOTAL CHARGES _____	
DEPOSIT _____	RECEIVED ON _____
Deposit is %50 percent of Total Charges	_____
BALANCE _____	RECEIVED ON _____
Due on or before May 1, 2017	_____

[] I have read and agree to the terms of payment of the required Deposit and payment of the Balance on the contract.