LIMITED TIME - POP UP OPPORTUNITY

Marketplace Downtown is a one-of-a-kind facility in Sandusky, Ohio.

This space is a combined activity center and a marketplace.

We are inviting a few vendors a week to open pop-up shops in the unrented spaces while they are available at the Marketplace

Weekend (Friday -Sunday)-$40 total for weekend

Weekday (Monday-Thursday)-$free

Holiday weekends $50 for weekend

Private space for only you - $200 weekly

Questions: Please call/email Sharon Salmon at 419-370-1037

[ssalmon@H2productions.co](mailto:ssalmon@H2productions.co)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website/Social Media Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Date(s) you are requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If weekly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the category and items you wish to sell:

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

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\*A Photograph of vending items must be included with your application for marketing purposes (please email.)

**IMPORTANT INFO:** All vendors must submit the fee with registration form. You will have roughly a 10ftx10ft space in the room. Please bring your own tables/chairs, We allow 1 table if space is full or specify # tables you will bring and special accommodations, if needed. Vendor set up can begin at 9:00 a.m. All vendors need to be set up no later than 10:30 a.m.

Marketplace Hours: You can come earlier and stay longer, let me know if you want to do that during Marketplace hours.

Monday-Saturday 11am-7pm # of tables bringing \_\_\_\_\_\_\_

Sunday 11am-7pm Total amount enclosed: $ \_\_\_\_\_\_\_\_\_\_\_

VENDOR WAIVER:

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against H2 Property Holdings, LLC and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge H2 Property Holdings, LLC and its officers, agents, servants and employees, from any and all claims from injuries, damages or loss which I or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harm-less and defend the H2 Property Holdings, LLC and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, losses sustained by me or my vending space and arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and release of claims. I understand and agree with all refund policies set forth by H2 Property Holdings, LLC I also understand that I may forfeit a portion or all of any registration fee according to the policies. Vendor acknowledges that he/she/it is responsible for obtaining all applicable vendor licenses, permits, etc. I understand that I or my vendor space may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotapes of me or my belongings to be used to promote H2 Property Holdings, LLC and its partners and such photos and video will be the propertyofH2 Property Holdings, LLC. I understand that no medical or accidental insurance will be provided to participants.

Signature (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_