

VENDOR # _____

City of Bloomingdale Christmas Market/ Festival
Saturday, December 6, 2025
Set-Up Time for Vendors: 10:30 AM
In the Community Center and Pavilion Area Parking Lot

Name: _____

Address City State Zip _____

Phone Cell _____ Fax _____

Main Contact Person _____

Email _____

Please let us know what type of vendor you are so we can reserve your spot!

Information: _____

WAIVER

In consideration of permission to participate in the 2025 Christmas Market & Festival event, I do hereby release, from liability and hold harmless, the City of Bloomingdale and their respective agents, volunteers, members and/or employees, officers, elected officials not responsible for any or all damages to include general and special damages. I recognize that there may be inherent risks associated with participation in this event and choose to participate of my own free will. It is understood that the same people listed above will in no case be responsible for any loss, damage, or injury to the person, animals or property, the participants or spectators of this event. Whoever signs this waiver is signing for the entire group.

This the _____ day of _____, 2025.

Notary: _____

Signature

My Commission Expires: _____

****Please complete this form and return it to City Hall no later than Friday, November 28th. The form can be returned in person or by emailing to questions@bloomingdale-ga.gov**

*****If you have any questions, please feel free to reach out to Mrs. Geri Saxon: Phone- (912) 748-0970 or Email: questions@bloomingdale-ga.gov**