



**Town of Sykesville**

7547 Main Street, Sykesville, MD 21784  
p: 410.795.8959 f: 410.795.3818  
sykesville.net

**Town House**

Michael P. Miller, Mayor  
Matthew H. Candland, Town Manager  
Irma L. Bast, Town Treasurer  
Janice M. Perrault, Town Clerk

**2010 Sykesville Apple Butter Market Application**

*1st Place Winner Event of the Year - Pride in Place Award  
by the Maryland Downtown Development Association*

The Apple Butter Market will be held the **last Sunday of every month from 12:00 noon to 4:00 p.m.** starting in June. Please circle the dates you would like to reserve.

If you have any questions contact Ivy Wells [ivy@sykesville.net](mailto:ivy@sykesville.net)  
or visit [www.sykesville.net/dapple](http://www.sykesville.net/dapple)

<b>June 27th</b>	<b>August 29th</b>	<b>October 31st</b>
<b>July 25th</b>	<b>September 26th</b>	
<b>Advanced purchase discount price \$25.00 per month</b>		
<b>Or \$100 for the season</b>		
<b>Fee the day of the event \$30.00 per space</b>		

Fee includes (one) 12x12 space per vendor, \$35 for (two) 12x12 spaces or shared space.

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

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

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

What do you intend to sell? Please provide a brief description:

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

Amount enclosed \_\_\_\_\_

I hereby acknowledge that I have read and understand the 2009 Sykesville Apple Butter Market rules, regulations, and Hold Harmless Agreement, and I agree to abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to: Town of Sykesville and mail with application to:  
Sykesville Apple Butter Market, 7547 Main Street, Sykesville, MD 21784



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### RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_ (participant), am participating in \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(name of activity/event), on \_\_\_\_\_, and do hereby hold harmless the Town of Sykesville, Maryland, its officers, agents and employees, from any and all liability, penalties, costs, losses, damages, expenses, cause of action, claims or judgments, including attorneys' fees resulting from injury to Participant's person or damage to Participant's property of any kind of nature, which injury or damage arises out of, or is in any way connected with participation in the Activity/Event.

I have read this release and waiver of liability and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
of Participant if Minor

\_\_\_\_\_  
Print Name of Parent/Guardian  
of Participant if Minor

\_\_\_\_\_  
Date

Emergency Phone Number during event: \_\_\_\_\_

Known allergies: \_\_\_\_\_