

**D'IBERVILLE/ST. MARTIN
CHAMBER OF COMMERCE
OLD TIME TRADE DAYS**

Saturday, November 18, 2006 – 9AM – 4PM

BOOTH APPLICATION

Applicant : _____

Contact: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

10X20 Booth Space is \$25.00 nonrefundable. Electricity? _____ additional \$5.00

The chamber booth will sell beverages. Therefore beverages cannot be sold or given away in your booth.

Description of items you will be selling: _____

Make checks payable to D'Iberville/St. Martin Area Chamber of Commerce and mail to P. O. Box 6054, D'Iberville, Ms 39540. (228) 392-2293

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**I, (we) the _____ as part of _____
In consideration for renting, leasing or otherwise using the facility, agree to assume full responsibility and liability for and all risk if loss by theft, vandalism, destruction, or otherwise, of any and all items of personal property belonging to the owner/business thereof while in and about said facility, regardless of whether or not said loss relates to, or arises out of the use of said facility and, in addition, said owner/business agrees to indemnify and hold the D'Iberville/St. Martin Chamber of Commerce and City of D'Iberville, its agents and servants, and employees harmless from and against all claims and expenses for same, including attorney fees.**

Date

Signature