

## **APPLICATION / CONTRACT**

## 2<sup>nd</sup> Annual Sunapee SunFest - Holistic Health and Sustainability Festival

**To benefit**: Mountain Spirit Institute (501-c-3) Annual Fund Drive **Date**: Saturday, September 15, 2007 **Time**: 10:00 am - 5:00 pm

Location: Mount Sunapee State Park, Newbury, NH - All vendors arrive by 8:30 am

Please complete this form and return with your \$50 vendor fee to:

Mountain Spirit Institute Sunapee SunFest P.O. Box 626 Sunapee, NH 03782 randy@mtnspirit.org

Contract Deadline: Contract to be returned by Thursday, July 31, 2007.

Incomplete forms will be returned. Contract becomes valid when signed by a SunFest committee member and the fee has been received. You'll receive a confirmation by email.

Name of Business:				
Address:		_State:	Zip	
Address:Phone Numbers: W	H		_ Cell	
Email Address:				
Full names of everyone at the boo				
Description of merchandise/service	es/classes (jewelers, cr	aftspeople, p	lease include pho	otos):
If interested in offering a worksho	p, what would be the to	opic? Please	describe	
I will offer treatment sessions duri Price of workshop/treatment sessions	0			
Will you take a break? Yes No If you plan to close your booth, w	•		_	close booth
Table required: 8 ft6ft	Mt. Sunapee tables on	ly; two chairs	s are provided pe	er booth)

Please check off items you require. You are res	-		special lighting,	cash register, and
accessorizing your booth. Music is played over wall spaceaccess to v	-	em.		
-				
electrical outlet (What will you plug i	n?)			
other (Please describe)				
The Sunapee SunFest is a fundraiser for Mount educational organization whose mission is to far The proceeds will contribute to MSI's Annual community outreach, programs, local and inter-	acilitate one's c Fund, to help p	onnection to s ay for MSI an	elf, each other, an	d the environment.
The booth fee is \$50. Other donations are gladl received by July 31, 2007. Please make checks website: <a href="www.mtnspirit.org">www.mtnspirit.org</a>	•			
I am enclosing check# Date				
I am using a credit card: Card #	Ex	p Date	Security (	Code
Name as it appears on card: (please print)				
Signa Billing address (if different than above):				
The Silent Auction is a great way to get your natural Would you like to donate to the silent auction:			ew business.	
If yes, description of item(Please bring the item with you)	Value:			
Signing below indicates an agreement between merchandise detailed above on Saturday, Septe Annual Sunapee SunFest to be held at Mount S	ember 15, 2007	and agree to s	stay throughout th	e day at the 2 <sup>nd</sup>
Signature:		Date:		
SunFest Committee Member:		Date:		
Please call 603-763-2668 or email, randy@mtn arrangements. Thank you. SunFest Steering Committee: Lois Knapton,			uestions or need t	o make special
	AA			

## **Mission Statement**

The mission of Mountain Spirit Institute is to facilitate one's connection to self, each other and the environment. By so doing, participants will have a greater appreciation, and understanding of their own resources, of other individuals around them, as well as a better sense of their place in the natural world. Self-reliance, compassion, service, centeredness, physical fitness and interpersonal community building, as well as carried for, and understanding of the natural environment, are hallmarks of the mission.



## **Services by Appointment**

(Please fill out this form if providing a therapy service at the Sunapee SunFest)

To assist you with sign-ups for therapies, as guests arrive they could sign up at the designated area for appointments during two sessions, which run from 10:00- 1:30 and 2:00 - 5:30. Sign ups will occur from 10:00 – 12:00 and 1:30 - 3:00. No therapies will be scheduled from 1:30 – 2:00. That half hour is reserved for break and/or therapists who are only working one shift and need to move in or out of the area.

If your service involves treatments, would you like the SunFest staff to schedule your appointments? Yes

1.	I/We will offering treatments/ therapies from topm							
2.	I/We will take breaks during the following times							
3.	Length of appointment :							
4.	Time between each appointment:							
5.	Price per treatment:							
6.	Names of people providing treatment at your station:							
	a	from	to					
	b	from	to					
	c	from	to					
7	How many minutes prior	to treatment should quest	s arrive?					

- How many minutes prior to treatment should guests arrive? \_\_\_\_\_
- 8. Please send us an appropriate amount of business cards so we may use them appointment cards for your clients.
- 9. At five minutes to the hour on the hour, your appointment lists will be "run" to you by our volunteers.

It is extremely helpful if you send us your own scheduling sheets and business cards along with this application, with all the information above included. If we do not receive the scheduling sheets and business cards, we will make schedules and reminder slips using the information provided by you.