



2009 SOUTHERN INDIANA UNCORKED REGISTRATION FORM

PLEASE PRINT OR TYPE:

CONTACT NAME _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____ FAX _____

WEBSITE _____ E-MAIL _____

STAYING OVERNIGHT? Y N # OF STAFF ATTENDING _____

PLEASE DESCRIBE WINES/BEERS YOU WILL BE FEATURING: _____

ADDITIONAL INFORMATION FOR PROGRAM:

-TWO TABLES AND THREE CHAIRS WILL BE PROVIDED FOR EACH BOOTH.

-ONE SOUVENIR GLASS WILL BE GIVEN TO EACH BOOTH; ADDITIONAL GLASSES WILL BE AVAILABLE FOR SALE AT FESTIVAL.

PLEASE RETURN THIS FORM AND DEPOSIT **CHECK BY MARCH 30, 2009.**

I HAVE READ AND UNDERSTAND THE BOOTH POLICY FOR THE 2009 SOUTHERN INDIANA UNCORKED AND AGREE TO ABIDE BY ALL THE RULES DESCRIBED THEREIN. I FURTHERMORE RELEASE OLD CAPITOL BUSINESS ASSOCIATION, INCLUDING THEIR DIRECTORS, OFFICERS, MEMBERS, AGENTS AND EMPLOYEES, FROM ALL CLAIMS, DEMANDS, LOSS, DAMAGE OR EXPENSE, INCLUDING THOSE PERSONAL OR BODILY INJURIES OR PROPERTY DAMAGES ARISING OUT OF OR IN CONNECTION WITH THE USE OF RENTAL SPACE BY THE APPLICANT DURING SOUTHERN INDIANA UNCORKED ON MAY 23, 2009.

Applicant's Signature

Date

SEND REGISTRATION TO:
OLD CAPITOL BUSINESS ASSOCIATION
PO BOX 331
CORYDON, IN 47112
PHONE NO. 812-968-5510