



[www.meadgarden.org](http://www.meadgarden.org)  
407 599-2800

P. O. Box 1227  
Winter Park, FL 32790

GROWvember - Fall Plant Sale, 2016  
Registration/ Agreement Form

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

Contact Person: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Vendor Business Registration/License Number: \_\_\_\_\_

**Release of Liability and Indemnification:** On behalf of myself and the above-named Organization, I agree to indemnify and hold Mead Botanical Garden, Inc. and the City of Winter Park, and their officers, directors, trustees and employees harmless for any liability, loss or damage resulting directly or indirectly from Organization's participation in the Fall Plant Sale. I further confirm and agree, on behalf of myself and the Organization, that I have read and agree to the attached policies and procedures.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**Payment: Fee for a booth (minimum size 400 sq. ft.) — \$200.00**

**To Pay by Credit Card:      Circle-      Visa      Mastercard      AMEX**

**Print Card Name—** \_\_\_\_\_

**Card Number—** \_\_\_\_\_

**Expiration Date—** \_\_\_\_\_

**To Pay by Check:      Please mail to – Mead Botanical Garden  
P. O. Box 1227  
Winter Park, FL 32790**

**For online information and forms, please go to: [www.meadgarden.org](http://www.meadgarden.org)**