

**Annapolis Greek Festival**

**SATURADY MAY 31 & SUNDAY JUNE 1, 2025**

**I agree to comply with all requests and decisions made by the organizers of the Annapolis Greek Festival and the Ss. Constantine & Helen Greek Orthodox Church. Furthermore, I release the Organizers of the Annapolis Greek Festival and the Ss. Constantine & Helen Greek Orthodox Church from all responsibility and liability. I understand that I must carry my own insurance coverage or assume sole responsibility for any losses caused by acts of nature, storms, rain, wind, accident, theft, personal injury or actions of other persons.**

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

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DBA (Doing Business As):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please sign and return this document by* ***May 20*** *with 2 pictures of the items which will be displayed at your booth.*

***Original signatures are required*** *so document must be mailed to: Ss Constantine & Helen 2747 Riva Road Annapolis, MD 21401*

 *Att: Jasmin Haralambatos*

*Questions please call – MARY. 410.991.9610*