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Dear PortFest Silent Auction Participant,

We at HEARTS are very excited to welcome you to participate in **PortFest 2013!**

Once again, PortFest will be a fun outdoor and indoor family festival to be held at Schreiber High School campus featuring local artists and musicians of all ages. The event will serve to celebrate, strengthen and promote the unique culture, arts and community of Port Washington while raising funds for music and arts programs in Port Washington Public Schools.

Attached is our *PortFest Silent Auction Participant Application & Agreement* for your enrollment as a participant in the 2013 PortFest Music, Arts and Community Festival. Additional information about HEARTS and PortFest can be found on our website. Please make sure you supply us with a detailed description of your donation, any restrictions or black out dates and a suggested retail value.

Please be sure to submit your agreement at your earliest available time by e-mail, mail or by **Fax: 516.944 3249**, prior to the **April 26, 2013** final deadline.

If you have any questions or need further clarification, please feel free to e-mail us at [elyseluray@gmail.com](mailto:elyseluray@gmail.com) or [Erika.Cooper@msmtvsales.com](mailto:Erika.Cooper@msmtvsales.com) at any time. All donations or certificates can be mailed or dropped off to 5 Hilltop Rd., Port Washington NY 11050. If you need to arrange for us to pick up your donation, please email us as soon as possible.

We thank you for you for your anticipated participation in support of HEARTS' cause. We look forward to another successful festival.

Best regards,

Elyse Luray and Erika Cooper  
PortFest 2013 Silent Auction Committee Chairs



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## **PORTFEST SILENT AUCTION PARTICIPANT APPLICATION & AGREEMENT**

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Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2013 between HEARTS of Port Washington's PortFest Music, Art & Community Festival (hereinafter referred to as "PortFest") and \_\_\_\_\_ (hereinafter referred to as "Silent Auction Participant").

It is mutually agreed between the parties as follows:

- 1. Name of Silent Auction Participant:** \_\_\_\_\_
- 2. Name and Place of Silent Auction:** PortFest 2013, Schreiber High School Lobby & Halls
- 3. Date of Event:** Saturday, May 11, 2013
- 4. Hours of Event:** Between 11am-5pm
- 5. Agreed Price:** No Charge – Tax Deductible Contribution of Goods and/or Services
- 6. Cancellations:** Must not be made by either party less than 30 days prior to the date of exhibition
- 7. Selection:** Silent Auction Participant will provide detailed description of Silent Auction offering and any materials with approximate retail value by **April 26, 2013** for final selection and approval by PortFest Silent Auction committee.

The Silent Auction Participant agrees to provide all information and/or materials to a PortFest representative by the designated date, time and location. It is understood that HEARTS of PW and PortFest are not responsible for packaging or transportation. Please provide the retail value of each price for appropriate pricing to be submitted to the Events committee for listing purposes.

### **Hold Harmless and Indemnity**

Artist shall, through the signing of this document by an authorized party or agent, indemnify, hold harmless and defend HEARTS of Port Washington, PortFest, Port Washington Union Free School District and, the town of Port Washington and their agents and employees from all liability, judgments, suits, costs and actions, including attorneys' fees and all costs of litigation of every kind and description brought or rendered against said parties as a result of loss, damage, or injury to persons (including death) or property by reason of any act or failure to act by the Artist.



**Selected Goods and/or Services for PortFest Silent Auction:**

Complete Description of Goods and/or Services for Silent Auction	Retail Value (USD)
	\$

(Use additional page(s) if needed)

This constitutes the sole, complete and binding agreement between the parties hereto:

\_\_\_\_\_  
*Name of Agent for PortFest*

\_\_\_\_\_  
*Silent Auction Participant*

\_\_\_\_\_  
*Signature of Agent for PortFest*

\_\_\_\_\_  
*Participant or Agent Signature*

**PO Box 1192**  
\_\_\_\_\_  
*Address*

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

**Port Washington, NY 11050-1192**  
\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

**(516)472-2699**  
\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Telephone Number*