

Friday, May 24, 2024
19th Annual

_____ Name

_____ Fee



Kiwanis
CLUB OF CARMICHAEL

FOUNDATION

Taste of Carmichael

Application/Agreement

Vendors

Contact Name: _____

Title: _____

Business: _____ Ph. (_____) _____

Cell: (_____) _____ Fax: (_____) _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Vendor Application due April 15: Applications for table space are subject to availability. Management reserves the right to reject applications in its discretion and in the best interest of the Event.

What will you display or serve: _____

Raffle Prize: We will provide a raffle prize. (yes/no) _____. We want our prize displayed at our table _____ or at raffle table _____.

Event Flier: We would like _____ (number) additional fliers to post at our business.

DISPLAY SPACE: 8 ft. table, table cloth, and two chairs provided.

Electrical needed? yes _____ no) _____

Set-up on May 24th, 12:00 to 5:00 PM. All exhibit items will be reasonably located within display area. We will staff our table continuously from 5:30 to 8:30 PM. Tear down and removal of your items must be completed by 9:00 PM.

FIRE, SAFETY, AND HEALTH REGULATIONS: All exhibitors agree to comply with local, city, and state laws. Exhibitors agree to immediately comply with any fire, safety, or health request by the Fire Marshal or Event Manager. Smoking is prohibited.

HOLD HARMLESS AGREEMENT: In consideration of the acceptance of the right to participate in this event and by execution of this Application Form, the undersigned agrees to release and discharge the Kiwanis Club of Carmichael from any and all known or unknown damages, injuries or losses, judgements and/or claims from any cause that may be suffered by any entrant to his or her person or property including attorney's fees and costs incurred. Further, each entrant or participant expressly agrees to indemnify the Kiwanis Club of Carmichael, its officers, member, directors, agents, and representatives from any and all liability or damages caused by the negligent or intentional conduct or actions of such entrant or participant.

Further, the undersigned agrees that any photos, images, videos, etc., of the exhibitor or property as a result of this event may be used freely as promotional materials or for sale to the public.

All participating vendors will receive 2 complimentary tickets to the event. (Value \$150)

Additional Tickets _____ \$75 each \$ _____

\$ _____ Total Online: www.kiwanisclubofcarmichael.com

Full payment is due with application. No refunds will be made for cancellation after the last Friday in April. Your cancelled check or bank statement is your receipt.

Tax deductible 501 (c)(3) #68-0355524

By Check: payable to Kiwanis Club of Carmichael Foundation. PO Box 680, Carmichael, CA 95609.

X _____ Date _____

Kiwanis Agent Signature

Kiwanis Club of Carmichael Foundation.

PO Box 680, Carmichael, CA 95609

X _____ Phone: _____

Exhibitor Signature

Title: _____