 **FOUNDATION**

Agent

Business

Friday, May 12, 2023

18th Annual

**Taste of Carmichael**

Application/Agreement

Vendors/Sponsors

Contact Name:

Title:

Business: Ph. ( )

Cell: ( ) Fax: ( )

Email:

Address:

City: State: Zip: -

**Vendor Application due April 1:** Applications for table space are subject to availability. Management reserves the right to reject applications as they see fit in the best interest of the Event.

**What will you display or serve:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsor Application is due April 1:** Provide any Sponsor artwork with your application. We would like a sponsorship at the following level: See separate sheet for description of each.

**\_\_\_\_\_\_\_$5,000 \_\_\_\_\_\_$3,000 \_\_\_\_\_\_$1,000**

**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.

**Display Space:** 8 ft**.** table, table cloth, and two chairs provided. Electrical needed? yes\_\_\_\_no) \_\_\_\_\_

Set-up on May 12th, 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.

**Total Payment:**

$\_\_\_\_\_\_\_\_\_\_ Food/Beverage Vendors NO Charge

$\_\_\_\_\_\_\_\_\_\_ Non-Profit $150 (2 tickets for booth)

$\_\_\_\_\_\_\_\_\_\_ Sponsorship $$ see Separate Application Form

$\_\_\_\_\_\_\_\_\_\_ $75 x\_\_\_\_\_\_\_ Number additional tickets

**$\_\_\_\_\_\_\_\_\_\_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**. POB 680, Carmichael, CA 95609.

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kiwanis Agent Signature**

Kiwanis Club of Carmichael Foundation.

POB 680, Carmichael, CA 95609

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

**Exhibitor Signature**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**