VENDOR APPLICATION

Picnic in the Park – 4th of July Celebration
July 4, 2013
Located at Churchill County Fairgrounds

Application & payment due by June 20, 2013

NAME OF	BUSINESS:		
CONTACT	Γ PERSON:	E-MAIL ADDRESS:	
MAILING ADDRESS:		CITY/STATE:	
ZIP:	PHONE:	FAX:	
□ Food	·	ofit □ Artisan/Crafter □ Display Only □ Political	
BOOTH SI	ZE IS 10'X15' UNLESS OTHE	R ARRANGEMENTS ARE MADE	
to clean up	pe required to remove all vehi o until 6 pm.) Wednesday, July 4	icles from the grass area by 10:00 am on July 4 th , no vehicles can be on the g 10:30am – 5:30pm (need to be set up by 10:00am) oth setup, items to be sold, information that will be passed out, anything	
		pe specific	
Booth Fee	food vendors. Please list a at (775) 423-7733. *All boowith approval. es - \$40.00 Craft \$40.00 Food	ill be approved on a first come first served bases, there will be NO duplication all food you plan to serve. If you have any questions please contact Danny Gloth items must be approved by Picnic in the Park Committee, a letter will be s \$5.00 Non-Profit \$10.00 Display Only (No selling) \$40.00 Grower \$50.00 Political Add \$20 Inside Multipurpose Building – 6 spots available Add \$10 Underneath solar pavilion – 3 spots available Add \$10 East side of MPB (shaded after noon) – 4 spots available	leich
Send all a ☐ Complet ☐ Paymen	<i>that apply:</i> ted Application t	COUNTY PARKS AND RECREATION. ertificate of insurance must be provided.	
Mail to:	Churchill County Parks 325 Sheckler Road Fallon, NV 89406	s and Recreation	
character arisi serious injury has no ailment <u>P</u> future program	ng out of and in connection with the program and/or minor injury. The risks include, but a t or organic defect that would make participat Photo Release. I also understand that due to the	instructors and assistants on the Picnic in the Park , harmless and free of all liabilities or suits, claims, or demands of ever a provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the pote re not limited to, those caused by physical contact between participants or facilities and environments. I further certify that tion in this activity dangerous to his/her health. The nature of this program I/my child may be included in photos or video that will be used for media information or advertises agreement I authorize the use of any photos or video taken during this program.	ential of at my chi
Signature			