

## VENDOR Application Form - *ABBYFEST*2011 - Abbotsford Multicultural Festival - Sept 17<sup>th</sup> 2011

**Complete, Sign, and return this page by Mail, Fax or by hand.** (Attach any additional documents if required)

*LIABILITY RELEASE:* In consideration of being permitted to take part in this event, we hereby confirm that we have read and agree to the Terms and Conditions established by *ABBYFEST* - the Abbotsford Multicultural Festival & AbbyFest Multicultural Society. We will perform diligently, preventing harm or injury to ourselves or others, and to keep indemnified the *ABBYFEST* Organizers, AbbyFest Multicultural Society, the Festival Committee, Festival Venue, and/or the City of Abbotsford, and their respective agents, officials, servants, and representatives, from and against all claims, actions, costs, expenses, and demands in respect to death, injury, loss, or damage to persons or property, howsoever caused arising out of or in, notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies or any of their agents, officials, servants, or representatives. It is understood and agreed that this agreement is to be binding on the applicant, its heirs, executors and assigns. We hereby give permission to take our photos & possibly publish in newspapers, TV, or on website.  Yes  No

Would you be willing to help promote AbbyFest on your Website/Social Media?  Yes  No

Describe your Activity that you will be carrying out at the ABBYFEST. (Example: Selling items/Services/Products, Offering services, Selling Food, Fund Raising activity, Displays, Education, Showcase etc.)

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Are you a Non-Profit organization  or a For Profit organization ? At the booth you will you be  **Generating Revenue** or  **Not-Generating Revenue**?

SPACE REQUIREMENTS			ELECTRIC POWER NEEDS	
<input type="checkbox"/> Space with 1 Table + 1 Chair only	Booth Space 10' x 10' with 2 tables & 2 chairs  <input type="checkbox"/> One space  <input type="checkbox"/> Two spaces (extra charge)	Additional Chairs <input type="checkbox"/> No <input type="checkbox"/> Yes. How many? .....	Additional Tables <input type="checkbox"/> No <input type="checkbox"/> Yes. How many? .....	<input type="checkbox"/> Not required <input type="checkbox"/> Basic Power 15 AMP _____ How many appliances will require electric power <input type="checkbox"/> Two connections 30 AMP <input type="checkbox"/> Connections More than 30 AMP <input type="checkbox"/> 110 V power required <input type="checkbox"/> 220 V power required BRING your own Extension Cables

Name of Person in Charge:	Cell #	Contact Phone #:	Email: Please write in <b>CAPITAL LETTERS</b>
Another Person's Name:	Cell#	Contact Phone #:	Email: Please write in <b>CAPITAL LETTERS</b>
Organization Name:	Mailing Address:		
Fax #	City:	Postal Code:	

Please enclose cash or cheque with your application for registration as described in the Terms & Conditions for your participation at AbbyFest.

New Refundable Space Deposit \$ \_\_\_\_\_
  Refundable Space Deposit already with AbbyFest from 2010.

Electric Charges \$ \_\_\_\_\_
 **Total Amount** (includes Space Charge, Electric Charge, & Deposit if any): \$ \_\_\_\_\_

Cash  Yes  No
 Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Name of the Bank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For office use only:</b> Date Application received: _____	Date Payment Received: _____	Remarks _____
Refundable Deposit Amount received: \$ _____	+ Charged Amount received: \$ _____	Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash
Deposit Amount Refunded: \$ _____	Refund Cheque # _____	Date _____