

DISCOVERY CENTER'S DISCOVER! 4.0

SATURDAY, AUGUST 6, 2016 - 4:00 PM TO 10:00 PM

ACTIVITY BOOTH - APPLICATION FORM

Deadline for Entry: MAY 1, 2016

ACTIVITY BOOTH VENDOR FEES

Set up time: Noon to 3:00 pm. Must be in place by 3:00 pm.

Tear Down Time: 10:00 pm

\$50 for a 10'x10' SPACE \$100 for a 10'X20' SPACE FOR NONPROFIT AND CIVIC ORGANIZATIONS \$100 for a 10'x10' SPACE \$200 for a 10'X20' SPACE FOR BUSINESSES

CONTACT INFORMATION	n Harrington Disc	overy Center. You may also pay	by credit card at www.dhdc.org.
BUSINESS OR ORGANIZATION NAME:		N (*) 0	0.1
Circle One:	Business	Nonprofit Organization	Other:
PRIMARY CONTACT NAME:			
CELL PHONE OF PRIMARY CONTACT:			
EMAIL OF PRIMARY CONTACT:			
ADDRESS:	NUMBER & STREE	Т:	
	CITY/ST/ZIP:		
BUSINESS OR ORGANIZATION PHONE:		WEBSITE:	
ACTIVITY BOOTH WILL FEATURE THE FOL	LOWING ACTIVITY	(/IES) OR SELL THE FOLLOWING I	TENAC.
Activity to be Provi			Price per Item (if applicable):
1	200 O. Itelii(3)	10 be 30141	\$
2			\$
3			\$
BOOTH INFORMATION: Check what type			
Space Size		Ill you will be bringing:	Oth an
		ent 1 or 2 tables ents 1 Large Tent ;	
		ide your own tent, tables, and cha	
POWER NEEDS: If you require power, a	•	· ·	
If not, what are your power needs?			(There may be a surcharge for electrcity.)
SUBMIT APPLICATION AND PAYMENT TO):		
Don Harrington Discovery Cer	nter * 1200 Streit I	Drive * Amarillo, TX 79106 - or	- email to scollins@dhdc.org
•	lete and submit for	rm and payment online at www.c	dhdc.org.
AGREEMENT			
I accept the foregoing conditions of this a	pplication.		Initial here:
DHDC Activity Vendor Hold Harmless Ag	reement		
By signing this agreement, your organizat		y, hold harmless, and defend the	Don Harrington Discovery Center
and all of its officers, employees, servants	and agents again:	st any and all liability claims, cost	of whatever kind and nature,
for injury to or death of any person or pe		- , , , ,	_
any way related to or arising out of the o	ccupancy, use of p	premises or providing of services a	and equipment at Discover! 4.0.
Authorized Organization Representative N	Name (PRINT)		
Authorized Organization Representative N	Name (SIGNATURE)	DATE