



MISSION CONVENTION AND VISITORS BUREAU – WWW.MISSIONCVB.ORG



SPRIT OF MISSION DAYS VENDOR REGISTRATION FORM

FRIDAY, MAY 7TH, 2010 – 5:00PM – 10:00 PM
SATURDAY, MAY 8TH, 2010 – 12:00PM – 9:00 PM



Business Name _____
Contact Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cellular _____

_____ **FOOD VENDOR*** _____ **NON FOOD VENDOR**

***Carnival has exclusive on Cotton Candy and Funnel Cakes.**

Will you be serving alcohol? ___ Yes ___ NO (Application must be submitted to KS ABC 6 weeks prior to event).

Describe your product or service and electrical needs: Booth space is normally a 10 x 10 area.

Extra charge for more than 20 amps of electricity - \$25

The purpose of this form is to establish an agreement and understanding between the City of Mission and the vendor listed to allow the sale of concession or goods at a City of Mission activity. Vendors must follow all rules and regulations. The City reserves the right to close the vendor's booth at anytime. **A \$20 Vendor Fee will apply to Not for Profit Vendors (this is a 10 x 10 space with 1 table and 1 chair – no tent or electricity).** Vendors paying for option #1 will receive 20 amps of electricity and lighting if not using your own personal tent, but must provide their own extension cords and power strips. **See vendor options below.**

BOOTH SET UP

Vendors must set up on Friday, May 7th between 3:00pm and 4:30pm and Saturday between 11:00am – 12:00noon. Vendors must check-in with City of Mission staff prior to setting up their booth. **Vehicles will NOT be allowed in the area during event. The City of Mission is NOT responsible for items left overnight.**

PARKING

Parking location will be given at event set-up.

EXHIBITOR CLEAN-UP & TAKE-DOWN

Tear down begins at 10:00pm on Friday and 9:00pm on Saturday. You will be able to access your site by vehicle when staff is sure it is safe for the participants. Each exhibitor is responsible for the clean-up and disposal of any waste materials.

RULES AND REGULATIONS

Vendors must comply with all applicable electrical, fire and health department rules and regulations and all city, state and federal laws.

VEHICLES

Vendors will not be allowed to bring vehicles into the event area during vending hours of operation.

CANCELLATION: The event is "rain or shine." No refunds will be given without the approval of the MCVB.

PAYMENT – Please check vendor option:

Vendor Option #1
The vendor fee is \$75.00.
This fee covers the basic electricity, tent, two tables and two (2) chairs for the event if needed – mark below.
___ **Need more than 20 amps**
Add \$25 charge
2 Tables needed
___ Yes ___ No

2 Chairs needed
___ Yes ___ No

Tent Needed ___ Yes

NOT FOR PROFIT Vendor
 Table & Chair fee is \$20.00. This fee covers only one (1) table, and one (1) chair inside the festival area. **NO TENT OR ELECTRICITY. You may bring your own tent. Tent must be anchored properly – NO STAKES. The City is not responsible for damage to your tent.**
This fee applies to all Not for Profit Vendors.

Please return completed form with payment **NO LATER THAN Friday, April 30, 2010.**

Make all checks payable to: **City of Mission**
Attn: Kathy Lockard, Event Coordinator
6200 Martway
Mission, KS 66202
913-722-8206 – FAX 913-722-8208
klockard@missionks.org

Payment: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check Card # _____ Exp. Date _____ Total _____ Name on Card _____	Release of Liability: I, the undersigned, as a participant or parent/guardian of the participant in the above-named program(s), do understand that, in consideration of the City of Mission, KS, I do release them, their officers, agents or employees from all liability demands or claim for loss, damage or injury resulting from participating in the above, as there is no insurance provided. I recognize and understand that the above program(s) require that I be in good health, and I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the above program(s), and for any necessary emergency medical treatment.
Check # _____ Date _____ Staff Initial _____	Signature _____ Date _____

