



August 8-9th, 2025

11am-6pm

Friday - City Park Saturday - Downtown Kindred

Food Vendor

Application

Vendor Fee : \$100

Registration closes July 20th, 2025

Return Form to: **Kindred Community Club**

PO Box 334

Kindred ND, 58051

Email to: KindredCommunityClub@gmail.com

Please include Vendor fee of \$100 with application.

Business Name: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Description of Menu: (We do not guarantee exclusivity to any vendors.)

Please indicate if you want to participate in both days. (Saturday is Main Event Date)

☐ Friday and Saturday ☐ Saturday Only **Fee is the same regardless of # of days participating.**

To complete registration, please acknowledge terms listed below, sign and return by July 20th.

- ☐ This event takes place rain or shine. I understand that there will be no refunds for my change in participation for any reason.
- ☐ I agree to bring all necessary items for my booth, including canopies, tables, power, etc.
- ☐ I agree to set up before 10:00 am and tear down no earlier than 6:00 pm.
- ☐ I agree to accept all liability for any damages caused by the setup, operation, and tear down of booth, and to hold harmless kindred Community Club and the City of Kindred for any claim.
- ☐ I agree to assume full risk of any injury, damage or loss sustained during participation of the event.
- ☐ I agree that booth placement is at the discretion of the event coordinator.
- ☐ I agree that vehicles used to pull food trailers must be parked off site.
- ☐ I understand that generators must be placed to not disturb the patrons or event surroundings.

Signature _____

Thank You!