

Downtown Kindred

VENDOR

Vendor Fee: \$30 Registration closes: June 30th, 2024

Return Form To: Kindred Community Club PO Box 334 Kindred ND, 58051

Email to: KindredCommunityClub@gmail.com

Business:			
Contact Person:			
Phone Number:	Email:		
Mailing Address:	City:	State:	Zip:
Description of items selling or brai	nd/product affiliation: <i>(we do not guai</i>	rantee exclusivity to	o any vendors)

Number of Booth Spaces:______x \$30= _____(total enclosed)

This even takes place in rain or shine. I understand that there will be no refunds for my change in participation for any reason.

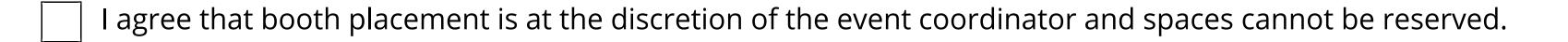
I agree to bring all necessary items for my booth, including canopies tables, electricity, etc ,

I agree to set up between the hours of 7:30 am - 10:00 am and tear down after 3:00 pm.

] I agree to accept all liability for any damages caused by the set-up, operation, and tear down of booth, and to hold harmless Kindred Community Club and City of Kindred for any claim.

I agree to assume full risk of any injury, damage, or loss sustained during participation of event.

I agree that my booth may be photographed for Kindred Days promotional purposes.



Signature:_____

