



Saturday, August 9 2025

11am - 3pm

Downtown Kindred

VENDOR

Vendor Fee: \$40

Registration closes: June 30th, 2025

Return Form and payment to:

Kindred Community Club

PO Box 334

Kindred ND, 58051

Email to: KindredCommunityClub@gmail.com

Paypal Payment: @kindredcommunityclub

Business:_____

Contact Person:_____

Phone Number:_____ **Email:**_____

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

Description of items selling or brand/product affiliation: (we do not guarantee exclusivity to any vendors)

Number of Booth Spaces:_____ **x \$40=** _____ **(total enclosed)**

- ☐ This event 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. Please do not tear down before then.
- ☐ 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.
- ☐ I agree that booth placement is at the discretion of the event coordinator and spaces cannot be reserved.

Signature:_____

THANK YOU!