



Saturday, August 8 2026
11am - 3pm
Downtown Kindred

VENDOR

Vendor Fee: \$40

Registration closes: June 30th, 2026

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)

\$40/1 booth, \$70/2 booths, \$100/3 booths

- 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!