

**CESAR CHAVEZ & DOLORES HUERTA HOLIDAY PARADE & FESTIVAL 2025**

EVENT DATE: **Saturday, April 12**  
TIME: **11:00 p.m. to 6:00 p.m.**  
LOCATION: **24<sup>th</sup> Street/Folsom-Bryant**  
**San Francisco**

**GENERAL APPLICATION**

ORGANIZATION/BUSINESS \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE #: (DAY TIME): \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU A NON-PROFIT: YES \_\_\_ NO \_\_\_ PLEASE PROVIDE A COPY OF YOUR 501 (C) 3 #

LIST ALL ITEMS TO BE SOLD NO SUBSTITUTIONS ALLOWED:	SALES AMOUNT:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

LIMITED AMOUNT OF TABLES/CHAIRS AVAILABLE FOR RENTAL. NO ELECTRICITY IS PROVIDED  
PAYMENT IN FULL MUST BE ENCLOSED WITH APPLICATION OR IT WILL NOT BE PROCESSED

10X10 SPACE/ INFO ONLY	# OF SPACES _____ @ \$150.00 EACH	\$ _____
For Community Non-Profits (INFO ONLY)	# OF SPACES _____ @ \$75.00 EACH	\$ _____

For Sale of Merchandise: *Space only*

10X10 SPACE	# OF SPACES _____ @ \$300.00 EACH	\$ _____
10X10 SPACE (NON-PROFITS)	# OF SPACES _____ @ \$150.00 EACH	\$ _____

Rentals:

10X10 TENT RENTAL	# OF TENTS _____ @ \$125.00 EACH	\$ _____
TABLE RENTAL	# OF TABLES _____ @ \$25.00 EACH	\$ _____
CHAIR RENTAL	# OF CHAIRS _____ @ \$10.00 EACH	\$ _____

INSURANCE: ANYONE PERFORMING ANY KIND OF MEDICAL PROCEDURES, i.e., AIDS TESTING, DIABETES TESTING, CHIROPRACTIC ADJUSTMENTS, PIERCING OR ANY KIND, MUST PROVIDE LIABILITY INSURANCE AND NAME CESAR CHAVEZ HOLIDAY PARADE & FESTIVAL AS AN ADDITIONALLY INSURED.

THIS AGREEMENT IS SUBJECT TO ACCEPTANCE BY THE CEC P/F, VENDOR MUST RETURN THIS APPLICATION SIGNED AND DATED BY AUTHORIZED PERSONNEL. FAILURE TO SIGN APPLICATION WILL RESULT IN AUTOMATIC REJECTION OF THE APPLICATION.

CANCELLATION OR WITHDRAWAL: THERE WILL BE NO REFUND OF FEES UNDER ANY CIRCUMSTANCES, IT IS FURTHER UNDERSTOOD AND AGREED IF APPLICANT SHOULD FAIL, NEGLECT OR REFUSE TO PAY THEIR AGREEMENT FEES, APPLICANT WILL NOT BE PERMITTED TO OPEN IN SAID PLACE. CEC P/F SHALL RETAIN ALL MONIES PAID HEREIN IN LIQUIDATED DAMAGES. ALSO, VENDOR CAN ONLY SELL ITEMS/MERCHANDISE THAT HAVE BEEN AUTHORIZED. ANY ITEMS/MERCHANDISE THAT HAVE BEEN AUTHORIZED, ANY ITEMS NOT LISTED MUST BE REMOVED IMMEDIATELY FROM SPACE.

\_\_\_\_\_  
VENDOR'S SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY:

DATE PROCESSED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

BALANCED OWNED: \_\_\_\_\_

INSURANCE RECEIVED: \_\_\_\_\_

[www.cesarchavezday.org](http://www.cesarchavezday.org)

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Make Check(s) Payable To:

**CESAR CHAVEZ PARADE & FESTIVAL**  
Mail to: 2929 19<sup>TH</sup> STREET  
SAN FRANCISCO, CA 94110  
(415) 602.6269