

CESAR E. CHAVEZ HOLIDAY PARADE & FESTIVAL 2024

EVENT DATE: **Saturday, April 13**
TIME: **11:00 p.m. to 6:00 p.m.**
LOCATION: **24th 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 NON PROFITS <u>INFO ONLY</u>)	# OF SPACES _____ @ \$ 75.00 EACH	\$ _____

For Sale of Merchandise: *Space only*

10X10 SPACE	# OF SPACES _____ @ \$250.00 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 CEC P/F 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: _____

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 Make Check(s) Payable To:
CESAR CHAVEZ PARADE & FESTIVAL
 Mail to: 1188 FRANKLIN ST. #203
 SAN FRANCISCO, CA 94109
 (415) 602.6269

cesarchavezday@gmail.com
www.cesarchavezday.org