

.CESAR CHAVEZ & DOLORES HUERTA HOLIDAY PARADE & FESTIVAL 2025

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

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) _____

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 \$ _____

MAC, Mission Artist Coalition:
3X6 TABLE (Folsom St. to Harrison St. Tabling) 3X6 TABLE \$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

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Make Check(s) Payable To:
CESAR CHAVEZ PARADE & FESTIVAL
Mail to: 2929 19TH STREET
SAN FRANCISCO, CA 94110
(415) 602.6269