

Waccamaw Tribal Area Resident

YES ☐ NO ☐

47 th Annual Waccamaw Siouan Pow-Wow

October 20-21, 2017

Exhibitors/Vendors Contract

Trader/Vendor Name:

Address:

Phone:

Tribal Affiliation:

This contract shall be between the Waccamaw Siouan Tribe, and the person/organization named above, hereinafter to be known as the exhibitor/vendor. The exhibitor/vendor lease on trader space will be subject to the following terms:

1. Vendor/trader space sizes will measure 10' X 20' each (oversize will need permission). The craft exhibitor will pay \$105.00 per day for each craft space. Tables, chairs and electrical cords will NOT be provided. A \$105.00 deposit (1 day fee) MUST be paid prior to vendor set-up. The remaining daily fee (\$105.00) will be collected on Saturday, October 21, 2017 by the Pow Wow Committee. **Vendor's that Pre-Pay for the 2 day period will receive a \$10.00 discount. The total for the 2 days would be \$200.00.**
2. Vendor/trader spaces are **limited**; please register early to ensure a space. You must receive approval to attend as a Vendor/Trader from our Pow Wow Chairperson prior to arrival. Positions of set-up will be assigned upon arrival and will be determined by size of space needed.
3. Vendors/trader will be provided with two (2) Gate Admission Passes at no cost. Any additional persons riding with Vendor's/trader's **MUST** pay the regular Gate Admission Fee.
4. School Day will be on Friday, October 20, 2017. Area schools will arrive around 9:00 a.m. and depart at 2:00 p.m. Craft vendors may set up as early as Thursday. However vendor's **MUST** contact our office prior to arrival for arrangements. Vendors arriving during School Day hours (between 9:00 a.m. and 2:00 p.m.) on Friday **WILL NOT BE ALLOWED to set up until 2:00 p.m.**
5. The Vendor must be an American Indian and be prepared to show identification (Please attach copy of proof of Tribal Enrollment). Non-Indian items (\*flea market items, carnival toys, etc.) may **NOT** be displayed or **SOLD. FOOD , BEVERAGES OR ANY OTHER EDIBLE**

**ITEMS ARE NOT ALLOWED TO BE SOLD.** The Waccamaw Siouan Pow Wow Committee reserves the right to monitor and request items to be removed from vendor spaces if necessary. Vendors NOT satisfying the request **WILL** be removed from the grounds.

6. **NO MORE THAN ONE** vendor is allowed to sell items from a vendor tent/space. In the event that this must take place pre-arrangements must be made with our office prior to set up. **There will be an additional charge of \$52.50 per day for this occurrence.** Vendor's not satisfying this request will be removed from the grounds.
7. The highest personal conduct and integrity is expected of all exhibitors in their assigned area, as well as on the Pow-Wow grounds in general. The consumption of alcohol and or illegal substances is prohibited. This policy shall be enforced by security personnel.
8. The Waccamaw Siouan Tribe, shall not be responsible for any lost, stolen, or damaged merchandise, nor shall they assume responsibility for any personal injury incurred.
9. No discount or reduced rates will be negotiated during the Pow Wow. The Waccamaw Siouan Pow Wow Committee must make prior approval of any negotiations.
10. This event will take place on October 20 & 21, 2017 at the Waccamaw Siouan Tribal Grounds (7275 Old Lake Road) in the Buckhead Community of Bolton, North Carolina.
11. All unoccupied campers, tents and RV's must be removed from the site within 48 hours after the closing of the Pow Wow.

**I certify that I have read, understand and agree to the terms of this agreement.** I will set up for Friday and Saturday \_\_\_\_\_ 1 day \_\_\_\_\_ (insert which day)

Exhibitor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pow Wow Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor/Trader Chair  
**910-655-8778**

Mailing Address: **Waccamaw Siouan Tribe**  
**P.O. Box 69**  
**Bolton, NC 28423**

**brendamoore50@aol.com**

**Please list the major items that will be sold from your booth.**

---

---

---

---

---

---

---

---

---

---

FOR OFFICE USE ONLY:

No. of days: \_\_\_\_\_

PAID IN FULL: \_\_\_\_\_ DATE: \_\_\_\_\_

Per day charge: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Amount Billed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ DATE: \_\_\_\_\_

Check /Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Other:(write in) \_\_\_\_\_