



Washougal Family Fun Day and Resource Fair Vendor Application

The exhibitor identified below desires to exhibit with the event sponsored by Pathways Pregnancy Clinic on **August 17, 2019**. The event will run from **11AM-4PM** at **Reflections Plaza, 1703 Main Street Washougal, WA 98671**.

Company Name: _____ UBI Number: _____

Contact Name: _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Email _____

Please provide a brief description of your company, the services you provide, and what your booth will consist of. If you are a for profit business or will be conducting sales of any kind at this event, there will be a \$45 fee per 10 x 10 space. This fee will be waived if your company agrees to donate a portion of onsite sales back to our non-profit at the conclusion of the event.

The exhibitor requests _____ 10x10 spaces and understands that they must provide their own tables and chairs.

All displays must be contained within the allotted space and be consistent with any requirements of the location and the local fire marshal.

Electricity is available on limited basis and must be requested in advance. No cords will be provided.

Tents and E-Z ups are welcome for sun/rain protection; however, no stakes may be used to secure them to the ground. Weights and/or sandbags must be used to ensure there are no accidents or injuries.

The exhibitor agrees not to disrupt the proceedings of the event and to comply with the direction of Pathways' staff and any City of Washougal or law enforcement personnel on site.

The exhibitor agrees that by participating in this event they commit to attending for the full allotted time, unless other arrangements are requested and approved in advance.

Absolutely no political activity will be allowed during the event.

The exhibitor agrees to hold Pathways Pregnancy Clinic harmless from any and all claims for personal injury or property damage arising from the conduct of vendor's employees or agents.

The exhibitor acknowledges that neither Pathways nor The City of Washougal maintain insurance covering the exhibitor's property.

When approved by Pathways' Executive Director this becomes a binding agreement.

Exhibitor signature: _____ Date _____

Approved: _____ Date _____