



"Dedication to the Quality of Community Life"

100 South Second Street / P.O. Box 337

McFarland, CA 93250-0337

Ph: (661) 792-3187 / Fax: (661) 792-6846

VENDOR BOOTH REQUEST

Cinco de Mayo Independence Day Christmas Parade

Today's Date: _____ Event Date: _____ Time of Set Up: _____

Name of Organization/Group/Business: _____

Contact Information:

Name: _____ Home #: _____

Address: _____ Cell #: _____

Will sell: 3 Items 1 Combo

1. _____

2. _____ 3. _____

Please read the following information regarding vendor fees and obligations

Vendors may cancel booth request up to 2 weeks prior to event for 100% refund of fee. Vendors canceling 1 week prior to event will be subject to 50% of refund fee. Vendors canceling after 1 week prior to event will not receive a refund. If you don't show up for the event no refund will be given. If you have any questions of concerns, vendors can present their case to the board of directors at the following McFarland Festivals Committee meeting.

Vendors will sell only those items approved by the Festival Committee. If a vendor has additional items for sale at their booth, they will be charged \$25.00 for each additional item or they will be asked to remove the item(s) if those item(s) violate the limit rule. Vendors agree to be set up by time indicated, will cooperate with any necessary changes, and will clean up their area when leaving the event. A Festival Committee member will assign place setting for each event. If a vendor does not follow any of the above information or any instructions given here, they may be subject to a suspension of future events for a minimum of one year. If selling any food item an Environmental Health Permit must be obtained by the Public Health Services Dept. 2700 M Street, Suite 300, Bakersfield, CA 93301.

I hereby release and hold harmless The McFarland Festival Committee, The City of McFarland, McFarland Recreation & Park District, or any of its members or agents, and the owners or management of the grounds of location where the event is held, from any loss, damage or injury resulting from the participation in this event.

Signature of responsible party: _____ Date: _____

Please return to MFC P.O. Box 337, McFarland, CA 93250 or bring to MRPD office, or fax to 792-6846