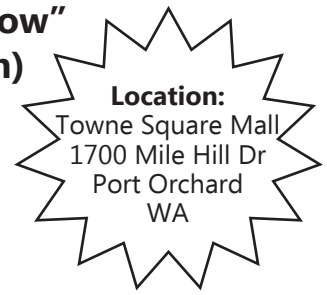




2019 Soroptimist "Spring Daze Craft, Garden & Gift Show" Saturday 5/4 (9am-5pm), Sunday 5/5 (10:30am-4pm)



VENDOR APPLICATION
Application deadline for vendors: 4/15/19
Applications received after deadline will be processed on space available basis.

Please complete all information. Incomplete applications will be returned for clarification. Please keep a copy of your application for your records. Management reserves the right to limit "like kind" vendors. THIS IS A JURIED SHOW. PLEASE PRINT OR TYPE CLEARLY.
Mail application with your check or money order to:
SIPO, Attn: Sharron King, PO Box 617, Manchester, WA 98353

Booth Name: _____
Authorized Representative: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Home Phone: _____
Fax: _____ Mobile: _____
UBI# _____ If you are not registered, please contact WSDR at 1-800-647-7706 or (360) 486-2345
Email Address: _____
Do you have a website? NO YES (web address) www: _____

REQUIREMENTS FOR THIS EVENT (**You will receive your booth assignment/packet when you arrive)
Please check size of booth you desire.
Note: All spaces are on a first-come basis .

| Booth Size | REGISTRATION (DEADLINE 4/15/19) |
|---|--|
| ____ 10'x10' or ____ 7'x15' (limited quantity of 7x15) | Prime Hallway \$115 |
| ____ 10'x10' or ____ 7'x15' (limited quantity of 7x15) | Rooms \$90 |
| ____ Odd size (Please email/call to see what is available!) | Odd Size Spaces: Room-\$75, Hallway \$90 (very limited) |

- AMENITIES REQUESTED: (Vendor is responsible for all equipment)**
- Power - Outlets are available on a first come basis with a paid application. You must provide your own 50' grounded three prong extension cord.
 - Table-\$10.00 (1 per vendor) - a few 6' tables are available and will be provided on a first come basis with a paid application.

Spring Daze Management reserves the right to make changes in booth location, size and display limits; you will be notified.

SET UP TIME: Friday-5/3 from 5-9PM; Saturday-5/4 from 6-9:00 AM. All vendor vehicles MUST BE moved by 9:00 AM. Please park in spaces farthest from the building at the east end of the mall.

TEAR DOWN TIME: No vendor shall tear down their booth prior to the closing of the event on Sunday.

LUNCH SERVICE: Ay Tequila upstairs. We are working on a vendor for downstairs.

FOOD VENDORS: Applications will be accepted from food vendors selling baked goods, pre-packaged food, etc.

CANCELLATIONS: Any cancellation is subject to a \$25 handling charge PRIOR TO 4/15/19. There will be no refunds after the 4/15/19 cancellation date.

Raffle Item: Soroptimist will be holding a raffle and would appreciate each vendor donating a raffle item.

INSURANCE: Vendor Applicants for food item (must be packaged) and/or skin care products sales or distribution must provide a certificate of insurance covering their participation at this Event in an amount not less than \$1,000,000 liability and \$1,000,000 bodily injury naming Soroptimist International of Port Orchard and SK Towne Square as additional insured.

HOLD HARMLESS DISCLAIMER: Soroptimist International of Port Orchard and SK Towne Square Mall will not be responsible for loss or damage to any property (vehicle or booth). Accordingly, each vendor shall take all necessary precautions to protect property and valuables. The event facility is a secured building.

APPLICANT: (PLEASE COMPLETE THE FOLLOWING) Fully describe a complete listing of the products you intend to sell or display. Note that changes or additions to this statement, after submission, must be approved by the Soroptimist International of Port Orchard Spring Daze Committee. This listing helps us reduce over-saturation of the market area. If you do not enclose a product list, the application will be considered incomplete and will be returned to you. **WE DO GRANT EXCLUSIVITY FOR ANY COMMERCIAL PRODUCTS** . Please don't assume we know what you sell. **If your product is not listed here (including brand names) YOU WILL NOT BE ALLOWED TO SELL/DISPLAY IT.** Attach a separate sheet if necessary. Please include pictures of your product with your application. Thank you!

By signing this application, I/We agree to abide by all the rules and regulations and comply with all State and Kitsap County Regulations, including securing any required Health District permits for operation. I have read and agree to all the "Requirements for this Event."

Signature _____ **Date** _____

INFORMATION
Sharron King, Email: kingcreations@wavecable.com, Phone: (360) 871-1805
www.siportorchard.com
Mail: PO Box 617, Manchester, WA 98353