

CRAFT BOOTH FEE
\$30 for each 10'x10'
space. \$35 for entries
received after 6/25/19



FOOD BOOTH FEE
\$40. \$45 for entries
rec'd after 6/25/19
Health Permit Required

Waterville Days in Pioneer Park

July 13th, 2019

9am – 3pm

****NO REFUNDS****

Booth Reservation

Applicant Name: _____

Vendor Name (if different): _____

Mailing Address: _____

Contact Phone: _____ Email: _____

Type of food or craft: _____

Does your booth use a canopy? **Y N** Electricity Required? **Y N** Voltage _____

What will be hooked up to electricity? _____

Send completed application, fee and Hold Harmless to:

Deena Driver
PO Box 53
Waterville, WA 98858
509-679-2625

Set up time 7am– 9am Sat. (or Friday afternoon if prior arrangements are made)

For more information, please contact Deena Driver.

ENTRY DEADLINE JUNE 25TH

****NO REFUNDS****

Booth Fee Rec'd Date _____
Amount _____
Check No. _____

Hold Harmless Received _____

Waterville Days 2019

July 12th & 13th

HOLD HARMLESS AGREEMENT

NOTE: A SIGNED AND DATED HOLD HARMLESS AGREEMENT MUST BE SUBMITTED TO THE WATERVILLE MAIN STREET ASSOCIATION FOR EACH PARTICIPANT. MULTIPLE PARTICIPANTS MAY BE LISTED AND SIGNED FOR (IF MINORS) ON PAGE 2 OF THIS AGREEMENT.

The undersigned hereby accepts and assumes any and all risks, claims, actions and damages, direct or indirect, which the undersigned may incur as the result of participation in any event or activity that is sanctioned by Waterville Main Street Association and Waterville Days. I expressly agree that I will hold Waterville Main Street Association, the board of directors, the Town of Waterville and all of their respective officers, employees, agents, representatives, successors, or assigns harmless, and otherwise indemnify the same, from and against any such risk, claim, action or damage arising from my participation in any such event. It is my expressed intention that this disclaimer and hold harmless agreement be binding upon my agents, representatives, heirs and assigns.

Dated: _____

Signature: _____

Printed Name & Title: _____

Company/Organization Name: _____

MUST BE SIGNED IF PARTICIPANT IS A MINOR:

Date _____ Parent/Guardian _____

Waterville Main Street Association, PO Box 22, Waterville, WA 98858

www.historicwatervillewa.org

Name _____ Parent/Guardian _____ Date _____