## **2023 EAGLE FUN DAY VENDOR APPLICATION**

## SATURDAY-- JUNE 24, 2023 9AM-3pm

Name				
Company Name and/or Type of Craft				
Address	City	Zip		
Phone	Email			
Total enclosed \$	I vendors. Please pay via Check or C (checks payable to: <b>EAGL</b> l Please be sure to include your email, ne event.	<b>E VISION</b> and mark 2023 Eagle Fur		
•	7-845AM day of show. This is an OL nt and chairs. Set up for all vendors i			
,	Norwex, Thirty-One, etc rep per company. This will be on a fi	irst come basis.		
donation is received if y	your interest. Your booth will be conf rou're donating. THIS FORM MUST FOUR SPOT! THANK YOU!			
Return form and donati	on to:			
CASSIDI DENTON % EAGLE VISION 919 APPLEWOOD DR				

TEXT OR CALL **KRISTY @ 402-301-5714** OR **CASSIDI @402-499-3700** WITH ANY QUESTIONS. OR EMAIL US AT <u>EAGLEVISIONNE@GMAIL.COM</u>

## EAGLE VISION INC. VENDOR PARTICIPATION AGREEMENT

Event is held at the parking lot by the pool. Vendors may begin setting up at 7am and we would like you to be ready by 8:45am. Vendors can close any time after 3 p.m.

- 1. Vendors should have adequate protection for inclement weather, the sun and heat.
- 2. Vendors may not sell alcoholic beverages.
- 3. Eagle Vision, Inc. cannot be responsible for any losses or damages of vendor's equipment, supplies, goods or other property during the event.
- 4. Placement is done on a first come, first serve basis.
- 5. There will be a \$35.00 service charge for returned checks.
- 6. **Rain or Shine** there is **NO** rain date in case of inclement weather. If fees are paid and you do not show for any reason, fees are forfeited! **THERE ARE NO REFUNDS!**
- 7. You need to provide your own tables, chairs, and tents, etc.- **NO ELECTRICITY AVAILABLE!!**
- 8. Vendor shall comply with all laws, ordinances or rules and regulations of any lawful authority, agency or government entity which apply to the use of its vending unit requirements, including without limitation, any applicable fire and building code of the Village of Eagle, and health regulations of the Cass County Health Department.

Waiver of Liability: In consideration of your acceptance of this entry form and fee, I the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waiver and release any and all right and claims for damages I may have against Eagle Vision, Inc., and its sponsors for any and all injuries suffered by me or members of my group in this event. I further grant permission and authorize Eagle Vision, Inc. to use any photographs, videotapes or any other record of this event for any legitimate purpose.

I have read the Terms of Vendor Participation Agreement and agree to abide by its rules and all terms and conditions set forth therein. Please keep one copy of this agreement for your records.

Signed:	Name of Business:		
Date			