

# St. Joseph Marquette Catholic School

## Oktoberfest Vendor Registration Form

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Seller's/ Business Permit #: \_\_\_\_\_ Booth Size: \$80 for 10x10 Split Booth Yes \_\_\_\_\_ No \_\_\_\_\_

Description of your booth/Business: (Please NO direct sales)

\_\_\_\_\_

\_\_\_\_\_

Please consider donating to our Raffle Baskets, it's extra advertising for you, is tax deductible, and helps us fundraise more proceeds. Any items welcome!

Raffle Item provided: \_\_\_\_\_

\* Please promote this event on all your social media outlets. Event is from 11am to 4pm \*

Agreement, Waiver and Release:

In consideration for being permitted by St. Joseph Marquette Catholic School to participate in the above activity, I hereby waive, release and discharge all claims for damages for personal injury, death or property damage which may occur as a result of my participation in said activity. This release is intended to discharge in advance the above organization; its members, employees and agents from and against any and all liability arising out of or connected in any way with my participation in said activity and that serious accidents occasionally occur. I have voluntarily applied to participate in said activity and agree to assume all risk. I further agree to indemnify and to hold the above organization harmless from any loss, liability, damage, cost, or expense that may occur as a result of any injury and or property damage. By signing this form, I take full responsibility for any damages caused by myself or persons working for my booth and agree to pay restitution for costs of repairs. I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above organization, and I sign of my own free will.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Booth Needs {electricity is limited} \_\_\_\_\_

(you will be responsible for all cords, tables, tents and chairs and portable generators if needed)

FOR OFFICE USE ONLY

PAID \$: \_\_\_\_\_ BY: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ # \_\_\_\_\_

Officer Signature: \_\_\_\_\_

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RECEIPT FOR YOUR RECORDS: St Joseph Marquette Catholic School

PAID: CASH \_\_\_\_\_ CHECK \_\_\_\_\_