

Walk for the Cause

Vendor Information, Rules, and Regulations

Saturday, OCTOBER 1st, 2016 6:30 AM Set up start time

Your set-up space will be approximately 10'x 10'. Tents and canopies are permitted WITHIN THIS SPACE. If your set-up is any larger than this, you MUST purchase additional space. Spaces are assigned that morning on a first come, first served basis. We encourage everyone to be on time to allow enough time to set up without being rushed. Parking near the site will be limited and strict parking regulations must be followed.

- APPLICATION DEADLINE FOR VENDORS IS SEPTEMBER 12, 2016. YOUR CHECK MUST BE RECEIVED BY THIS DATE.
- Payment in full is due with your application. Your cancelled check is your receipt.
- Application is not refundable, transferrable and cannot be duplicated.
- Participation will be denied for anyone submitting a NSF check.
- YOU WILL NOT BE PERMITTED TO SET UP UNLESS YOUR FEE IS PAID IN FULL.
- NO CHEAP CARNIVAL or FLEA MARKET TYPE ITEMS PERMITTED.
- No items of any sort with the <u>Soroptimist International logos</u> or any <u>Soroptimist affiliate logos</u> are permitted unless approved by the Vendor Committee.
- NO Raffles or Tickets are to be sold.
- NO Independent fundraising of ANY KIND is permitted to the Walk Participants-At your booth or in the crowd.
- NO 50/50 raffles are permitted.
- All giveaways/prizes must be awarded at the Walk by 11:00am on Saturday, OCTOBER 1st, 2016.
- NO RAIN DATE The Walk is held rain or shine. NO REFUNDS WILL BE GIVEN.
- The items you indicate on your application are the ONLY ITEMS which can be prepared and sold at the Walk. BE SPECIFIC when listing items on your application.
- ALL VENDORS MUST BE IN THEIR DESIGNATED SPACE AND READY FOR THE WALK TO BEGIN AT 8:00 A.M.
- UNDER NO CIRCUMSTANCES WILL YOU BE PERMITTED TO DRIVE THROUGH OR SET UP AFTER STARTING TIME.
- You CANNOT change your assigned spot on your own. Find a Soroptimist in a Pink vest that morning if you have questions.
- Tents are not required.
- Vendors MUST NOT LEAVE until the end of the Walk except in cases of emergency. Please notify a Soroptimist in a Pink Vest if you must leave before the end of the Walk.
- Absolutely NO ALCHOLIC BEVERAGES are permitted on the premises.
- The Vendor Committee reserves the right to reject any application. Incomplete applications will be refused.
- The Soroptimist International of Albany or its affiliates are not responsible for any lost or stolen items.
- The City of Albany Fire Department reserves the RIGHT OF PLACEMENT for all vendors to ensure the success of the Walk.
- PETS ARE ALLOWED ON A LEASH.

PLEASE SEND YOUR COMPLETED APPLICATION WITH CHECK OR MONEY ORDER PAYABLE TO: SIA-Walk for the Cause PO BOX 1475, Albany, OR 97321

FEES \$50 booth fee \$10 Table rental fee

You supply your own tent and electrical cords. Visit our website for more information about the Walk for the Cause.

www.sialbany.org



Walk for the Cause

Vendor Application

*** ALL APPLICATIONS SUBJECT TO APPROVAL BY THE VENDOR COMMITTEE*** APPLICATION DEADLINE FOR VENDORS IS SEPTEMBER 12, 2016. YOUR CHECK MUST BE RECEIVED BY THIS DATE.

| SPACE SIZE IS 10' X 10' - FOF | VENDOR QUESTIONS PLEAS | E EMAIL THEM TO <u>sic</u> | ofalbany@gmail.com | |
|---|--|--|--|---|
| NAME OR GROUP NAME: | | | | |
| STREET ADDRESS: | | | | |
| CITY, STATE, ZIP CODE: | | | | |
| CONTACT NAME: | | | | |
| CONTACT EMAIL: | | | | |
| CONTACT PHONE NUMBER: | | | | |
| PLEASE LIST ALL ITEMS TO B | E SOLD: | | | |
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| How many years have you b How did you hear about Wa | een a vendor at the Walk for lk for the Cause? | the Cause? | | |
| property damage or bodily injury that l Further, I, for myself and my heir, exec employees, agents and volunteers of a account of, by reason of or arising in co of action. Further, I expressly agree tha and that if any portion thereof is held i mental or physical condition that woul | endor at Soroptimist International of All may sustain while participating in any v utors, administrators and assigns, here nd from any and all claims which I or m onnection with such volunteer relief effo at this release, waiver and indemnity ag nvalid, it is agreed that the balance shal d impair my capability for full participat | voluntary relief effort or othe by release, waive and dischar y heirs, administrators and as orts or my participation there reement is intended to be as II, notwithstanding, continue ion as intended or expected o | er activity of any nature, includ ge SIA and SI of the Americas a ssigns ever may have against a ein, and hereby waive all such broad and inclusive as permit in full legal force and effect cu of me. | ing the use of equipment. and its officers, directors, ny of the above for, on claims, demands and causes ted by the State of Oregon, urrently have no known LITY (MUST INITIAL HERE) |
| I have read and understand | the above Vendor Informat | ion, Rules, and Regu | | AL HERE) CV#// |
| | @ \$50.00= | | | / |
| Tables | @ \$10.00= | | Card Number | Exp. |
| My Additional Gift to the Wa | alk for the Cause = | OR | | |
| TOTAL ENCLOSED | \$ | | Name on card (Print ple | ase) |