**Walk for the Cause**

**Vendor Information, Rules, and Regulations**

Saturday, OCTOBER 6, 2018

7:00 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 10, 2018. 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 Soroptimist International logos or any Soroptimist affiliate logos 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 6th, 2018.
* 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 10 2018.**

**YOUR CHECK MUST BE RECEIVED BY THIS DATE.**

SPACE SIZE IS 10’ X 10’ - FOR VENDOR QUESTIONS PLEASE EMAIL THEM TO [siofalbany@gmail.com](mailto:siofalbany@gmail.com)

NAME OR GROUP NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE LIST ALL ITEMS TO BE SOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many years have you been a vendor at the Walk for the Cause?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Walk for the Cause?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of my desire to be a vendor at Soroptimist International of Albany’s Walk for the Cause, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort or other activity of any nature, including the use of equipment. Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge SIA and SI of the Americas and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action. Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Oregon, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me. **I RELEASE LIABILITY (MUST INITIAL HERE)**

**I have read and understand the above Vendor Information, Rules, and Regulations.**  **(MUST INITIAL HERE) CV#\_\_/\_\_\_/\_\_\_**

10X10’ Booth Spaces \_\_\_\_\_\_\_\_\_\_\_ @ $50.00=\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_

Tables \_\_\_\_\_\_\_\_\_\_\_@ $10.00=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number Exp.

My Additional Gift to the Walk for the Cause **=\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL ENCLOSED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name on card (Print please)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature