



FAMILY DAYS COMMUNITY EXPO
SATURDAY, SEPT. 28TH
9AM-5PM
SUNDAY, SEPT. 29TH
10AM-4PM

NON PROFIT ENTRIES

THIS FORM MUST BE COMPETELY FILLED OUT AND PAYMENT RECEIVED BEFORE A SPACE IS APPROVED AND ASSIGNED. PLEASE CHECK THE APPROPRIATE BOX(S). SPACE SIZE IS APPROXIMATELY 10X10.

BOOTH PACKAGE SET UP INCLUDES THE FOLLOWING; SPACE, 10X10 TENT, WEIGHTS, 2 CHAIRS AND 1, 6' TABLE.

NO SUB LETTING OF SPACES WILL BE PERMITTED WITHOUT WRITTEN APPROVAL FROM EVENT COORDINATOR. YOU MAY NOT ADVERTISE ANY OTHER ENTITY OR HAND OUT ANY OTHER PROMO ITEMS NOT YOUR OWN, WITHOUT APPROVAL FROM FAMILY DAYS. EVENT IS HELD RAIN OR SHINE!

NON PROFIT ENTRY (HOME OFFICE IN PORT ORANGE)

_____ SPACES NEEDED @ \$100 PER SPACE (2ND SPACE \$250)

_____ BOOTH PACKAGES NEEDED @ \$250 PER BOOTH PACKAGE

NON PROFIT ENTRY (LOCATED OUTSIDE OF PORT ORANGE)

_____ SPACES NEEDED @ \$150 PER SPACE (2ND SPACE \$250)

_____ BOOTH PACKAGES NEEDED @ \$250 PER PACKAGE

ELECTRIC NEEDED? Please circle YES or NO. **COST IS \$100 for 1, 110 volt outlet.** ELECTRIC IS LIMITED! FIRST COME, FIRST SERVE.. BRING YOUR OWN CORD FOR HOOK UP.

*PLEASE INITIAL IF YOU ARE **DECLINING** POWER AND/OR BOOTH PACKAGES

I DECLINE POWER OPTION _____ I DECLINE BOOTH PACKAGE OPTION _____

-THERE WILL BE AN ADDITIONAL \$100 FEE FOR ANY POWER REQUESTS AFTER SPETEMBER 1ST, POWER WILL NOT BE AVAILABLE ON EVENT DAY IF NOT REQUESTED PRIOR!

-THERE WILL BE AN ADDITIONAL \$100 FEE FOR BOOTH PACKAGE REQUESTS AFTER SEPTEMBER 1ST THERE WILL BE AN ADDITIONAL \$200 FEE FOR BOOTH PACKAGE REQUESTS ON DAY OF EVENT.

-BE SURE YOUR EVENT STAFF KNOWS IF THEY NEED TO BRING TABLES, CHAIRS AND TENT ON DAY OF EVENT

VENDOR PACKETS WILL ME MAILED OUT APPROXIMATELY 10 DAYS PRIOR TO EVENT. (UNLOAD PASS, SPACE # AND SET UP TIMES)

CONTACT INFORMATION

ORGANIZATION NAME: _____

ADDRESS; _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **CONTACT:** _____

BUS. PHONE: _____ **CELL PHONE:** _____

EMAIL: _____ **WEBSITE:** _____

ACTIVITY DESCRIPTION

Describe what you will be doing or selling in your space. _____

PAYMENT INFORMATION

CHECK _____ CASH _____ CREDIT _____ TOTAL PAID \$ _____

VISA/MC # _____ EXP. DATE _____

NAME ON CARD _____ VER. CODE _____

BILLING ADDRESS FOR CARD: _____

CITY: _____ STATE: _____

ZIP: _____

RISK ACKNOWLEDGEMENT AND HOLD HARMLESS AGREEMENT

SIGNATURE REQUIRED FOR ALL VENDORS

In consideration of my being permitted to participate and to the fullest extent permitted by law, I hereby release, forever discharge, indemnify, and hold harmless the Port Orange Family Days Community Trust, its officers, directors, employees, agents, volunteers and assigns, its sponsors and the City of Port Orange, for all manor of actions, suits, sums of money, damage, claims, and demands from any injury arising out of or incident to myself or my organization at Port Orange Family Days.

Vendor Signature _____ Date _____

A FEE OF \$50 WIL BE CHARGED FOR CANCELLATIONS PRIOR TO 9/15. NO REFUNDS WILL BE GIVEN AFTER 9/1. ANY CREDITS ARE UP TO THE DISCRETION OF BOARD.

You may NOT distribute promo items or information for entities other than the business name or organization you sign up under without written consent from Family Days.

No subletting of spaces permitted.

Port Orange Family Days is not responsible for lost or stolen merchandise during the event, or overnight. We have security overnight, both Friday and Saturday. Leave your items at your own risk. Event takes place rain or shine.

VENDORS ARE EXPECTED TO PARTICIPATE BOTH DAYS. If you can not participate 2 days, you will be placed accordingly. Vendors that don't return on Sunday without notifying this office before the event, will not be considered as a vendor next year.

**PORT ORANGE FAMILY DAYS COMMUNITY TRUST
P.O. BOX 290610
PORT ORANGE, FL. 32129
PHONE: 386-506-5935 FAX: 386-322-5148 info@POCTrust.org**