



**FAMILY DAYS
COMMUNITY EXPO
SATURDAY, OCT 29
9AM-5PM
SUNDAY, OCT 30
10AM-4PM
PORT ORANGE CITY CENTER**

BUSINESS ENTRY FORM

This form must be completely filled out & 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 a 10x10 tent, weights, 2 chairs and 6' table.

_____ SPACED NEEDED @ \$250.00 PER SPACE (bring your own tent, table & chairs.)

_____ BOOTH PACKAGES NEEDED @ \$400.00 PER PACKAGE

_____ NONPROFIT SPACE @ \$125 PER SPACE (ONE SPACE ONLY-ADD'L SPACES AT REGUALR PRICE OF \$250)

_____ NONPROFIT BOOTH PACKAGE @ \$250 PER PACKAGE

ELECTRIC NEEDED? Please circle. YES or NO COST IS \$100 FOR 1, 110 VOLT OUTLET. **ELECTRIC LOCATIONS ARE LIMITED.**

- **THERE WILL BE AN ADDITIONAL \$100 LATE FEE FOR ANY POWER REQUESTS AFTER SEPTEMBER 1st. POWER WILL NOT BE AVAILABLE ON EVENT DAY IF YOU DIDN'T REQUEST IT.**
- **THERE WILL BE AN ADDITIONAL \$100 LATE FEE FOR BOOTH PACKAGE REQUESTS AFTER SEPTEMBER 1ST. THERE WILL BE AN ADDITIONAL \$200 LATE FEE FOR BOOTH**

IMPORTANT NOTES

YOUR VENDOR PACKET (MAP, SPACE LOCATION AND UNLOAD PASS) WILL BE MAILED TO YOU APPROXIMATELY 10 DAYS PRIOR TO THE EVENT. YOU *WILL NOT* HAVE A TABLE OR CHAIRS IF YOU DIDN'T REQUEST A BOOTH PACKAGE. *THE \$250 IS FOR A SPACE ONLY.*

BUSINESS NAME: _____

CONTACT: _____ **TITLE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **WEBSITE:** _____

PHONE: _____ **CELL:** _____

ALL CORRESPONDENCE WILL BE SENT TO THE CONTACT LISTED ABOVE. IF YOU DO NOT HAVE YOUR UNLOAD PASS YOU WILL NOT BE ALLOWED IN THE CIRCLE. ONLY 1 VEHICLE IS ALLOWED IN THE CIRCLE PER VENDOR FOR SET UP! BE SURE WHOEVER IS WORKING THE EVENT IS AWARE OF THE INFORMATION ON THIS SHEET, AND KNOWS IF THEY NEED TO BRING TABLES, TENT, CHAIRS, ETC.
PLEASE COMPLETE PAYMENT INFORMATION ON PAGE 2

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: _____

Port Orange Community Trust is not responsible for lost or stolen merchandise during the event, or overnight. We provide overnight security. Leave your items at your own risk. CANCELLATION POLICY: THERE IS A \$50 CANCELLATION FEE BEFORE 9/1. NO REFUNDS WILL BE GIVEN AFTER 9/1. CREDITS WILL BE GIVEN AT THE DICRETION OF THE BOARD OF DIRECTORS. THIS IS A RAIN OR SHINE EVENT!

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 POCT. No subletting of spaces permitted. 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.

RISK ACKNOWLEDGEMENT AND HOLD HARMLESS AGREEMENT

In consideration of my being permitted to participate and to the fullest extent permitted by law, I hearby 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 _____

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