CESAR E. CHAVEZ HOLIDAY
PARADE & FESTIVAL 2010
EVENT DATE: **Saturday, April 10**
TIME: **1:00 p.m. to 6:00 p.m.**
LOCATION: **24th Street/Harrison-Bryant**
San Francisco

GENERAL APPLICATON

ORGANIZATION/BUSINESS: _____ CONTACT: _____
_____ PHONE #: (DAY TIME): _____
Address_____City_____State_____Zip Code_____
FAX #: _____ CELL NUMBER: _____ EMAIL: _____

ARE YOU A NON-PROFIT**:** YES ____ NO ____ PLEASE PROVIDE A COPY OF YOUR 501 (C) 3 #

LIST ALL ITEMS TO BE SOLD NO SUBSTITUTIONS ALLOWED: SALES AMOUNT:
1) _____ _____
2) _____ _____
3) _____ _____
4) _____ _____

LIMITED AMOUNT OF TABLES/CHAIRS AVAILABLE FOR RENTAL. NO ELECTRICITY IS PROVIDED
PAYMENT IN FULL MUST BE ENCLOSED WITH APPLICATION OR IT WILL NOT BE PROCESSED

10X10 *SPACE/* INFO ONLY # OF SPACES _____@ $75.00 EACH $ _____
" " (FOR NON PROFITS INFO ONLY) # OF SPACES _____@ $50.00 EACH $ _____

For Sale of Merchandise:
10X10 *SPACE* # OF SPACES _____@ $150.00 EACH $_____
10X10 SPACE (NON PROFITS) # OF SPACES _____@ $100.00 EACH $ _____

10X10 BOOTH RENTAL # OF BOOTHS_____ @ $125.00 EACH $_____
TABLE RENTAL # OF TABLES _____ @ $25.00 EACH $_____
CHAIR RENTAL # OF CHAIRS _____ @ $10.00 EACH $_____

INSURANCE: ANYONE PERFORMING ANY KIND OF MEDICAL PROCEDURES, i.e., AIDS TESTING, DIABETES TESTING, CHIROPRACTIC ADJUSTMENTS, PIERCING OR ANY KIND, MUST PROVIDE LIABILITY INSURANCE AND NAME CEC P/F AS AN ADDITIONALLY INSURED.

THIS AGREEMENT IS SUBJECT TO ACCEPTANCE BY THE CEC P/F, VENDOR MUST RETURN THIS APPLICATION SIGNED AND DATED BY AUTHORIZED PERSONNEL. FAILURE TO SIGN APPLICATION WILL RESULT IN AUTOMATIC REJECTION OF THE APPLICATION.

CANCELLATION OR WITHDRAWAL: THERE WILL BE NO REFUND OF FEES UNDER ANY CIRCUMSTANCES, IT IS FURTHER UNDERSTOOD AND AGREED IF APPLICANT SHOULD FAIL, NEGLECT OR REFUSE TO PAY THEIR AGREEMENT FEES, APPLICANT WILL NOT BE PERMITTED TO OPEN IN SAID PLACE. CEC P/F SHALL RETAIN ALL MONIES PAID HEREIN IN LIQUIDATED DAMAGES. ALSO, VENDOR CAN ONLY SELL ITEMS/MERCHANDISE THAT HAVE BEEN AUTHORIZED. ANY ITEMS/MERCHANDISE THAT HAVE BEEN AUTHORIZED, ANY ITEMS NOT LISTED MUST BE REMOVED IMMEDIATELY FROM SPACE.

_____ _____
VENDOR'S SIGNATURE DATE

FOR OFFICE USE ONLY: _____
DATE PROCESSED: _____
AMOUNT: _____
BALANCED OWNED: _____
INSURANCE RECEIVED: _____

*Make Check(s) Payable To:*_____
CEC PARADE & FESTIVAL
Mail to: 255 9th St. Rm 205
SAN FRANCISCO, CA 94103
(415) 621-2665/(415) 621-5518 fax