



Breakfast WITH & Santa

HOLIDAY CRAFT FAIR

VENDORS WANTED!

Date: Saturday, December 4, 2021

Time: 8:30AM – 11AM

**Location: Neil Orchard Senior Activities Center
3480 Routier Road, Sacramento, 95827**

We are taking vendor registrations for this fun family event. The event will take place from 9:00-11:00 AM with the Vendor Fair running from 8:30AM-11AM. Space is limited and payment must be received in order to secure reservation. Please confirm availability prior to sending payment.

Vendor spaces are available for \$20 and include one (1) 6ft table and two (2) chairs. Maximum of 2 spaces per vendor.

To register for a vendor space or to get more information, contact **Heather Schelske** at (916) 366-3133 or email hschelske@crpd.com

Vendor Registration Deadline is Monday, November 19, 2021

Vendor Guidelines

- Although CRPD will not ask for proof of documents, vendors are responsible for all required taxes, licenses and/or appropriate sellers permits.
- All vendors selling food products must supply a copy of their health permit with application.
- Spaces will be assigned by CRPD staff. Special requests are not guaranteed.
- Due to space limitations, all merchandise and displays MUST fit within the designated space(s).
- Each space will be equipped with one (1) 6ft table and two (2) chairs. CRPD staff will set up tables and chairs. Vendors are responsible for setting up their own displays
- Vendors may arrive as early as 7:30 AM and must be set up and ready for business by 8:30 AM. Vendors will NOT be let in prior to the designated time.
- Vendors may not leave before the scheduled end of the event (12PM).
- Vendors are responsible for loading and unloading their supplies. They may pull up to the front of the Center to unload their supplies. After finished unloading, vendors MUST immediately move their vehicle.



**Breakfast with Santa
Saturday, December 4, 2021
Vendor Application**

**VENDOR REGISTRATION DEADLINE: Monday, November 19, 2021
Applications will not be processed without full payment.**

Company/Organization Name (if applicable)

First name

Last name

Address

City

Zip code

Email

Phone #

Product(s)

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PLEASE FILL OUT REVERSE SIDE OF THIS FORM

For Office Use Only

Date Application Received: _____

Confirmation Sent: _____

Total Amount Received: \$ _____

Spaces Reserved: _____

Form of Payment: Check # _____

Credit Card

Space Reservation – Breakfast with Santa

Please indicate the number of 6ft tables you are requesting. Each 6ft table is \$20 and comes with two chairs (if needed). Table cloths and linens are not available.

Maximum of two (2) spaces per vendor.

_____ # of tables x \$20 = **TOTAL \$** _____
_____ # of chairs requested

Payment Method (Please do not send cash):

Mail Payments to: N.O.S.A.C., Attn: Heather Schelske, 3480 Routier Road, Sacramento, CA. 95827

Payments Made Out to: CRPD

Check (# _____)

Credit Card

Full name on card: _____

Card Number: _____

Expiration (MM/YY): ____ / ____

Breakfast with Santa Agreement, Waiver and Release

Location: Neil Orchard Senior Activities Center, 3480 Routier Road, Sacramento CA. 95827

Date: Saturday, December 4, 2021 Time: 8:30AM-11:00 AM

In consideration for being permitted by the above District to utilize the above facility, I hereby waive, release and discharge any and all claims for damages or personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation of said facility. This release I intend to discharge in advance the above district (its officers, employees, and agents) from any and all liability that may arise out of or connected in any way with my participation of said facility, even though that liability involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating at said facility.

Photograph Note: By signing this waiver, I understand that CRPD staff may photograph me and/or my minor children and that that District may use such photographs to promote District programs now and in the future. I expressly allow and hereby waive any objection to CRPD photographing me and/or my minor children when I and/or my minor children are participating in a CRPD recreation program. I understand that all photos will remain the property of Cordova Recreation & Park District.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE DISTRICT AND MYSELF AND I SIGN IT OF MY FREE WILL.

Requestor's Signature: _____ **Date:** _____