

Secure your spot today!

E-Mail registration:

recreation@pasco-wa.gov



Mail-in registration:

City of Pasco
PO Box 293
Pasco, WA 99301

Walk-in registration:

Monday-Friday 8 am-4:30 pm (closed holidays)
Pasco City Hall
525 N 3rd (509) 545-3456

Fax-in registration:

Pasco City Hall (509) 545-3455

Business Name: _____

Type of Business: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone (1): _____ (2): _____

Form due by Monday, November 19, 2018
(first come, first serve)

Questions?
Call: 509-545-3456
Email: recreation@pasco-wa.gov

City of Pasco
Recreation Services
PO BOX 293
Pasco, WA 99301

PASCO WINTER FEST

VOLUNTEER PARK
1125 N. 4TH AVE, PASCO

Saturday
December 1st
2-6 pm

VENDOR BOOTH
REGISTRATION FORM

Thank you for participating in this year's Pasco Winter Fest, we look forward to working with you to make this the best community holiday event of the year.

Rules and Conditions

Please initial each item below indicating you agree to the following conditions

- _____ I agree to provide all equipment needed for my 8'x6" booth space. (ie: tables, chairs) **We will provide a large heated tent for retail vendors.**
- _____ Booths will begin set up at 12:00 pm on the day of the event
- _____ Booths will start breaking down at 6:00 pm on the day of the event
- _____ Electricity is limited, please contact us for your needs. First come first serve.
- _____ I understand that there is only to be one vendor per booth.
- _____ Withdrawal Policy: Withdrawal requests made by 4pm, November 19, 2018 will receive a 50% refund of their registration fee. No refunds will be given after this date.
- _____ We reserve the right to cancel this program for any reason. If it is cancelled, a full refund will be issued.
- _____ Food Vendors: I agree to offer a \$5 meal option.
- _____ *Raffle items due in the Recreation Office by November 19, 2018.
- _____ *Vendors who previously committed to having a raffle item, but did not make the deadline, will owe the remaining balance of the registration fee by November 20th.

If you do not receive a confirmation email within one week of registration, please call to verify your form was received. Duplicate vendors will be limited.

I agree to hold harmless the City of Pasco, and any employee or volunteer involved in the program from any damage or loss arising as a result of my participation in this activity. I give permission to have my photograph taken during this activity and used for publicity purposes by the City of Pasco. I hereby give my consent for emergency medical treatment. I understand this is to prevent undue delay and assure prompt treatment that only a licensed physician will be engaged for such an emergency.

Signature: _____

Print Name: _____

Date: _____

Registration Fees

Please check the applicable box

- \$70 Food Vendor Fee
*\$45 with \$20 raffle item
- \$50 Vendor Fee (non-food)
*\$30 with \$15 raffle item

Method of Payment

Cash: \$ _____

Check: \$ _____ # _____
make checks payable to: City of Pasco

Credit Card: \$ _____

Exp. Date: _____ CCV: _____

For Official Use Only

Date Form Received

Date Registration Received

Registration Amount

Booth Number Assigned

Initials