

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: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Giveaway Item: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (1): \_\_\_\_\_ (2): \_\_\_\_\_

Form due by Monday, November 22, 2021  
(first come, first served)

Questions?

Call: 509-545-3456

Email: recreation@pasco-wa.gov

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

PASCO RECREATION PRESENTS

# WINTERFEST

## Drive-Thru Vendor Booth Registration

### Thursday 12.02.21 4:30 - 6:30 PM

# FREE

Thank you for participating  
in this year's event. 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 booth space. (ie: tent, tables, chairs)
- Booths will begin set up at 3:30 pm on the day of the event and must be ready by 4:15pm.
- Booths will start breaking down after the last car, approximately 7:00 pm.
- No electricity is available.
- We reserve the right to cancel this program for any reason.
- Vendors agree to provide at least 1,000 free, kid friendly giveaways.
- Vendors are allowed to distribute information.

## WINTERFEST DRIVE-THRU ROUTE



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: \_\_\_\_\_

**For Official Use Only**  
\_\_\_\_\_  
Date Form Received

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

# FREE