

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 18, 2019
(first come, first serve with payment in full)

Questions?

Call: 509-545-3456

Email: recreation@pasco-wa.gov

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



City of Pasco Parks & Rec

Winter F**EST**

Saturday, December 7

2:00 - 6:00pm

Volunteer Park

(1125 N. 4th Ave. Pasco)

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 10'x10" 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 15, 2019 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.

We will give First Right of Refusal to 2018 vendors before opening the event up to others.

If you did not participate in 2018, registration begins October 5th.

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.

Registration Fees

Please check the applicable box

\$50 Food Vendor Fee

\$30 Craft & Retail Vendor Fee

Method of Payment

Cash: \$ _____

Check: \$ _____ # _____
MAKE CHECKS PAYABLE TO: CITY OF PASCO

Credit Card: \$ _____

Exp. Date: _____ CCV: _____

*PAYMENT IN FULL DUE AT TIME OF REGISTRATION

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

Date Registration Received

Registration Amount

Booth Number Assigned

Initials