

WINTERFEST

FOOD VENDOR REGISTRATION

Sat  Dec 9
3:00-7:00 PM

Peanuts Park Pasco
109 S 4th Ave

Music | Kids' Games & Crafts
Food Vendors | Activity Booths
Photo Ops | Santa
Holiday Tree Lighting

SPONSORED BY



www.pascoparksandrec.com

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 Ave (509) 545-3456

Fax-in Registration:
Pasco City Hall (509) 545-3455

Business Name: _____

Contact Name: _____

Type of Food/Drink: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone (1): _____ (2): _____

Registration is First Come, First Served
but due by Thursday, November 30, 2023

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

Rules and Conditions

Please check each box below indicating you agree to the following conditions

- I agree to provide a food truck, cart or tent.
- I understand set up can begin at 1:00 pm on the day of the event and must be set up no later than 2:45 pm.
- I understand that my vehicle must be moved to its designated space by 2:45 pm.
- I understand that I can start breaking down at 7:00 pm.
- I understand that electricity is limited.
Check if you need electricity if its available: YES
- I agree to notify the correct person if I can not attend.
- I agree to abide by all rules for food handlers.
- Check here if you are a member of the Pasco Specialty Kitchen food vendors.

If you do not receive a confirmation email within one week of registration, please check your junk mail then call 509-545-3456 to verify your form was received.

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

Initials