



Wilkeson National Handcar Races Vendor/Concessionaire Application

July 27th and/or July 28th, 2024

Contact: _____ Phone: _____

Business Name: _____

Date Participating: **DAY 1 Sat. July 27th** **DAY 2 Sun. July 28th**

Address: _____

Email: _____

Check One: _____ **Educational or Not For Profit (no fee)**
_____ **Vendor \$25.00** (\$20 Early Bird Special by July 1st)
_____ **Food Vendor \$35.00**

Political Content Vendors: You must check Vendor and not Educational or Not For Profit.

MLM and Direct Sales Vendors (Scentsy, Doterra, Color Street, Paparazzi, etc): Please contact us first before submitting a Vendor Form. We attempt to limit space to one vendor per Brand. This is first come, first serve basis. vendor@wilkesonboosterclub.org

Please provide us with a brief description of your booth including type of products sold, information/educational details or any special needs or requests.

Conditions:

- 1 Booth Space is for a **single 10' x 10' spot** (standard pop-up tent). Food vendors or anyone requiring additional space, please contact us for arrangements.
- 2 Applicant agrees to accept space provided by the Wilkeson Booster Club.
- 3 Vendors should arrive between 7am and 8am for setup. Vehicles must be removed from vendor area before 10am. No vehicles allowed back into vendor area before 4pm. Parade starts at 11am. Handcar Races start at 1pm.
- 4 Fees must accompany application and are non-refundable unless application is denied/not accepted.
- 5 ANY booth selling **FOOD** must meet all local and Pierce County Health Codes and have a current Pierce County Permit or Exemption. Please indicate the following:
I have a current Pierce County Permit _____ **--- OR --- I am EXEMPT** _____
- 6 You are responsible for your own power, equipment, and supplies, including water.
Check here if you will be bringing a generator for your booth:
- 7 Applicants agree to hold harmless the Town of Wilkeson, Wilkeson Booster Club, Wilkeson Eagles #1409, all local businesses, and any and all parties directly or indirectly involved with this event, from all liability or legal action, items lost or stolen.

I have read the above statements and agree to the terms.

Signature _____ Date _____

Make checks payable to :
Wilkeson Booster Club ** PO Box 239 ** Wilkeson WA 98396
For more information, email: [**vendor@wilkesonboosterclub.org**](mailto:vendor@wilkesonboosterclub.org)