## Oklahoma '89ers Days Celebration

American Legion LeBron Post #58 PO Box 69, Guthrie, OK 73044 Telephone: 405-282-2589

## 2023 Vendor Application April 19 - 22, 2023

## **Contact Information:** Name: Street Address: City: \_\_\_\_\_ ST\_\_\_ Zip Code\_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: **Booth Requirements:** Food Vendor Space 10' x 20' with Electric & Water @ \$600.00 Craft/Food Vendor Space 10' x 10' Space with Electric @ \$200.00 Craft Vendor Space 10' x 10' Space @ \$150.00 \_\_\_ Supply Vehicle Parking w/220 amp service @ \$75.00 Supply Vehicle Parking w/110 amp service @ \$50.00 Supply Vehicle Parking without electric hookup @ \$20.00 \$\_\_\_\_\_ **Total Due** PREPAID FOR 2023 MONEY RECEIVED BY **Items Being Sold** Tell us what your products/menu consists of:

## Special Needs:

List any additional requirements here. You will be contacted individually to resolve these needs.

Previous Vendor Events Attended		
-		
Person to Notify in case of Emergency		
Nama		
Name:Street Address:	<del></del>	<del></del>
City:		Zip Code:
Phone:	Cell Phone:	
Email:		
A 4 O'		
Agreement and Signature  By submitting this application. Leffirm that the facts	ant forth in it are tr	us and complete. Lundaratand that
By submitting this application, I affirm that the facts		
if I am accepted as a vendor, any false statements on this application may result in my approval being I		
on this application may result in my approval being i	ejected of my bem	ig asked to leave the event.
As a Oklahoma '89er Days Celebration participan	t I do hereby agre	ee and forever release discharge
defend, indemnify and otherwise HOLD HARMLES		
Celebration Committee and the City of Guthrie, the		
and against any and all claims, demands, expense		
Injury (including death) and/or property damage a		
related to my participating in the Oklahoma '89er Da	ys Celebration Eve	ent.
Lawrence to Committee Conference of High Westername		of \$4,000,000 (Demoired of Feed
I agree to furnish a Certificate of Liability Insurar Vendors) and to name the <b>American Legion LeBi</b>		
as Additional Insured	on Post #56 and	the oper Celebration Committee
as Additional insured		
By Signing below, '89er Days Celebration Event Pa	articipant agrees to	all terms and conditions as stated
in this application.	. 0	
Name (Printed):		<u> </u>
Signature:		Date:
<b>RETURN:</b> This application for, FULL PAYMENT,	copy of your Okla	ahoma Sales Tax Permit, photos of
your Vehicle, Trailer or Setup, Certificate of Insur		
attend, you can sublease your space but approva	I must be received	d by Event Sponsor for Sub-lease.
Sorry, no refunds if you are unable to attend.		

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preferences, age or disability.

Thank you for completing this application form and for your interest in partnering with us.

to comply with requirements, we will return your application and any prepaid monies.

If you fail